

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 13 AM 11:57

DOCUMENT # **N93000005414**

1. Corporation Name

FLORIDA WWINS: WOMEN'S WORK INTERESTS AND NETWORKING SERVICES, INC.

Principal Place of Business

Mailing Address

3318 SAN PEDRO STREET
CLEARWATER FL 33759

3318 SAN PEDRO STREET
CLEARWATER FL 33759



REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3212777

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	REEVES-LIPSCOMB, DORIS	3318 SAN PEDRO STREET	CLEARWATER FL 33759
TD	REEVES, DIANNE M	181 EBBTIDE DR	N PALM BEACH FL
SD	POLLOCK, DAWN T	1937 CHARLAIS STREET	TALLAHASSEE FL
D	BRETOS, CONCHY	374 NE 92 STREET	MIAMI FL 33138
DD	GOODMAN, LIZ	4604 RICHARDS CT	TAMPA FL 33611
D	HAMILTON, SANDIE	2366 RAJEL AVE	SAFETY HARBOR FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REEVES-LIPSCOMB, DORIS
3318 SAN PEDRO STREET
CLEARWATER FL 33759

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Doris Reeves-Lipcomb
REGISTERED AGENT MUST SIGN

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-11/30/01-01076--019

***236.25 ***236.25

Date

11/2/01

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Dianne M Reeves

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2/01

Date

Daytime Phone #

CR2040 (8/01)