PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 25 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N94000001981

1. Corporation Name
The Greater Miami Coalition of 100 Black Women Community Services, Inc.

Principal Place of Business	Mailing Address
5630 N. W. 178 Street Miami, FL 33055	P.O. Box 172723 Hialeah, FL 33017

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

REINSTATEMENT 95-96

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
5630 N. W. 178 St.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State
Zip: 33055 Country: USA	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/18/94

5. FEI Number: 65-0421738 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
	PD Virginia E. Martin	5630 N. W. 178 Street	Miami, FL 33055
	VD Cornelia Higgins	2000 Towerside Terr. Apt.1608	Miami, FL 33138
	VD Amelia Stringer	16435 N. W. 24 Avenue	Opa-Locka, FL 33054
	VD Lisa Y. Jones	8020 N. W. 21 Avenue	Miami, FL 33147
	SD Carolyn Robinson	6031 N. W. 201 Lane	Miami, FL 33015
	SD Ernestine R. Brown	20120 Highland Lakes Blvd.	N. Miami Beach, FL 33179

8. Name and Address of Current Registered Agent

Martin, Eunice L. Esq.
1444 Biscayne Boulevard
Suite 220
Miami, FL 33132

9. Name and Address of New Registered Agent

Name: Virginia E. Martin
Street Address (P.O. Box Number is Not Acceptable): 5630 N. W. 178 Street
Suite, Apt. #, Etc.:
City: Miami State: FL Zip Code: 33055

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 _____ Date 11/20/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: _____ Virginia E. Martin 11/20/96 (305) 624-6326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #