

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

98 MAY 13 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N 94060001981**

1. Corporation Name

**The Greater Miami Coalition of 100 Black Women
Community Services, Inc.**

Principal Place of Business

**5630 NW 178 Street
Miami, FL 33055**

Mailing Address

**P.O. Box 174027
Hialeah, FL 33017**

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

2. New Principal Office Address, If Applicable

5630 NW 178 Street
Suite, Apt. #, Etc. **05/15/98 - 01120 - 011**
******297.50 ****297.50**

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 ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT **97-98**

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 NW 178 Street	Miami, FL 33055
VD	Robbie Bell	3301 NE 5 Ave., #410	Miami, FL 33137
VD	Beverly Anderson	2770 NW 152 Terr.	Opa-Locka, FL 33054
VD	Afrah Hamin	193 NE 141 St., #B	Miami, FL 33186
SD	Carolyn Robinson	6031 NW 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 Blvd.
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 NW 178 Street
Suite, Apt. #, Etc.
City
Miami

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **2/9/98**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Virginia E. Martin

Date

2/9/98

(305) 624-6326
Daytime Phone #