PLE EAD 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 19 PM 3:45

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 174027 HIALEAH FL 33017

REINSTATEMENT 01

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
16612 NW 70th Ct	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
miami	
City & State	City & State
Florida	
Zip 33014 / Country Dade	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/18/1994

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

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	~~MARTIN, VIRGINIA E~~ Carolyn Robinson	~~5630 N.W. 178 STREET~~ 16612 NW 70th Ct	MIAMI FL ~~33055~~ 33014
VD	~~ROBINSON, CAROLYN~~ martin, Robinson virginia	~~6831 NW 201 LANE~~ 5630 NW 178 ST ~~16612 NW 70th Ct~~	MIAMI FL ~~33015~~ 33055 ~~33014~~
VD	BURKE, LINDA	3830 NW 194 ST	MIAMI FL 33055
VD	HAMIN, AFRAH	193 N.E. 141 STREET, #B	MIAMI FL 33186
SD	~~ROBINSON, CAROLYN~~ Tyler, Phyllis	~~6831 NW 201 LN~~ 15860 SW 103rd Pl.	~~MIAMI FL 33015~~ miami, fl 33157
SD	~~BROWN, ERNESTINE R~~ Williams, marsha	~~20420 HIGHLAND LAKES BLVD.~~ PO Box 245762	~~N. MIAMI BEACH FL 33179~~ Pembroke Pines, FL

8. Name and Address of Current Registered Agent

MARTIN, VIRGINIA E
5630 N.W. 178 STREET
MIAMI FL 33055

9. Name and Address of New Registered Agent

Name: Carolyn A. Robinson
Street Address (P.O. Box Number is Not Acceptable): 16612 NW 70th Ct.
Suite, Apt. #, Etc.: N/A
City: miami — State: FL — Zip Code: 33014

CR2E040 (8/01)

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.

900004706049--[illegible]
-12/05/01--01041--[illegible]
****317.00 ****317.00

Signature of Registered Agent: Carolyn A. Robinson
REGISTERED AGENT MUST SIGN

Date: 11/14/01

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: CAROLYN A. Robinson — 11/14/01 — 305/243-9447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #