

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 OCT -1 AM 10:36

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N94000002186

1. Corporation Name

The Florida Women's Consortium,
Incorporated

2. Principal Office Address

2001 E. INDIANHEAD

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

Zip

32301

Country

US

3. Mailing Office Address

3150 HOLIDAY SPRINGS

Suite, Apt. #, etc.

#111

City & State

MARGATE, FL

Zip

33063

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/2/94

5. FEI Number

650172462

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DIANA S. DAWSON

300004641973-2

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

841 PARK DRIVE EAST

10/18/01-01057-017

****236.25 ****236.25

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33432

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Diana S. Dawson

Date 9/28/01

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	NANCY HURLBERT	1153 SW 26th AVE.	DEERFIELD BEACH, FL 33442
VD	JO CONTE	2001 E. INDIANHEAD	TALLAHASSEE, FL 32301
TD	CAROLE TOLOMEO	3150 HOLIDAY SPRINGS BLVD. #111, MARGATE, FL	33063

10. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/28/01 561-738-0133

Date

Daytime Phone #

CFR2E081 (9/00)