

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005257

1. Corporation Name

WEST ORANGE WOMEN, INC.

2. Principal Office Address - No P.O. Box #

7224 Grace Road

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32819

Country

USA

3. Mailing Office Address

7224 Grace Road

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32819

Country

USA

7. Name and Address of Current Registered Agent

Name

Solly Haber

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

5503 Scarington Court

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code

32821

4. Date Incorporated or Qualified
To Do Business in Florida

September 15, 1994

5. FEI Number
59-3275722

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Solly Haber

REGISTERED AGENT MUST SIGN

Date

6/2/08

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
P	Solly Haber	5503 Scarington Court	Orlando, Florida 32821
T	Mary Greene	7224 Grace Road	Orlando, Florida 32819
S	Dottie Ansel	11014 Belmere Isles Circle	Orlando, Florida 34786
VP1	Cindy Aebischer	5612 Deepdale Drive	Orlando, Florida 32821
VP2	Barbara Aboushahba	7999 Canyon Lake Circle	Orlando, Florida 32835
VP3	Elaine Wilson	8408 Lyric Court	Orlando, Florida 32819

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 contained in Chapter 119, 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:

Mary Greene
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY GREENE

6-2-08

Date

407-352-7264

Daytime Phone #

FILED

08 JUN -9 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 04-08

CR2E081 (12/07)