PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N95000004047

1. Corporation Name

Corporation Name		SECOULTE	Y 75° OTA EE
WOMEN'S INSTITUTE FOR C	REATIVITY, INC.	TALLAHASS	Y OF STATE SEE, FLORIDA
Principal Place of Business	Mailing Address		•
12305-SW-225-S T. M IAMI-FL-3317 0	P.O. BOX 700027 P.O. Box 1684 WHAMI FL 33170 Mendocino (A		
W. b	954eD	REINSTATEW	ENT 2
	rough incorrect information and enter correction below.		
2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable P.O. Box 1484	Date Incorporated or Qualified To Do Business in Florida	08/21/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.		

State	's A	City & State	n (A	65-0608024		Not Applicable
95440	Mendocino	21095460	Mendocino	CERTIFICATE OF STATUS DESIRED		onal Fee require ficate of Status
Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)						

5. FEI Number

65-0608024

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip			
·PD	DALGLISH, MEREDITH	20933 MANTA DR P. O. Box 14	MIAMIFE 33180 Mendecino			
STD	BENSON, LEE Kate Barnett	3200 NE 20TH STREET \$5001 6344 N. 6. 65 kerrace	PARKJAND FL 33.067			
VPD	SOLER, ANJAL	3325 N.E. 18TH ST	FT LAUDERDALE FL 33305			
	•					
		1	200024714702 1/14/0301076005 **61.25			
	•		•			
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent						
DALGLISH, MEREDITH 200500 MANTA DRIVE P. D. Box 1484 Street Andress (B) Box 1884 Street Andress (B) Box 1884						

-MAMIFE 83185 - Mevidou voo, CA 95460

Suite, Apt. # - Etc. State Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

Date 10.31.D3

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.

FILED

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Applied For

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Women's Institute For Creativity, Inc. 7

ATTENTION: GLENDA E. HOOD

SECRETARY OF STATE

FLORIDA_DEPT._OF_STATE

P.O. BOX 6327

TALLAHASSEE, FLORIDA 32314-6327

Dear Ms. Hood,

I am sending the requested paperwork for our non-profit along with the amount due of \$61.25.

It would appear there has been some error in your letter stating we are dissolved as a non-profit. In fact, we never received a letter in a timely manner before your deadline of September 19, 2003. If we had, the fee and form would have been sent along by your deadline of Sept. 19.

When I called to discuss this, I was advised to simply fill out this paperwork and return it along with the amount of \$61.25 which I am now doing.

If there are any questions, etc. please don't hesitate to contact me at the address below or by phone.

Thanmk you.

Sincerely

Meredith Dalglish Founder, Director

Oct. 31, 2003 Enclosure

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