

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR -9 AM 7:21

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** N97000003529

1. Corporation Name

Women of A Circle

2. Principal Office Address

1639 Roberts St

Suite, Apt. #, etc.

3. Mailing Office Address

482 Atwater Rd.

Suite, Apt. #, etc.

City & State

Quincy, FL 32351

Zip

32351

Country

Madison

City & State

Chattahoochee, FL 32334

Zip

32334

Country

Madison

4. Date Incorporated or Qualified  
To Do Business in Florida

11-27-97

5. FEI Number

261-62-0738

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

Renell W Albritton

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

205 South Chalk St

Suite, Apt. #, Etc.

City

Quincy

State

FL

Zip Code

32351

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

Renell Albritton

REGISTERED AGENT MUST SIGN

Date 4-07-03

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/O	Sarah Graham	482 Atwater Rd.	Chattahoochee, 32334
T.	Renell Albritton	205 South Chalk St	Quincy, FL 32351
Asst. S.	Annette McMillan	515 Poston Rd.	Quincy, FL 32352
T	Carolyn Francis	1208 Washington St	Quincy, FL 32351

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

Sarah C. Graham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-03 850-875-8800

Date

Daytime Phone # 247

CR2001 (10/02)

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