

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 AUG 23 PM 2:10

DOCUMENT #N98 000004538

**1. Corporation Name**

A-2 Women Center, Inc.

**2. Principal Office Address**

618 Riomar Ave

Suite, Apt. #, etc.

City & State

Orlando

Zip

32828

Country

U.S.

**3. Mailing Office Address**

P.O. Box 948291

Suite, Apt. #, etc.

City & State

Maitland FL

Zip

32794

Country

U.S.

REINSTATEMENT 00-01

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

8/8/98

**5. FEI Number**

59-3523329

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

Stephanie Jackson

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

618 Riomar Ave

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32828

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

5/4/01

**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
Pres	Stephanie Jackson	618 Riomar Ave	Orlando 32828
Chairman	Stanley Halbert	227 N. Magnolia Ave	Orlando 32801
Treas	Margaret Carter	1137 Autumn Brook Cir	Longwood 32750
Secy	Barbara Hoosier	434 W. Kennedy Blvd	Eatonville, FL 32751

**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

5/4/01

Date

407-275-8888

Daytime Phone #

CR2E081 (9/00)