

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 NOV 12 PM 2:34

DOCUMENT # N98000006175

1. Corporation Name

WOMEN'S COUNSEL INTERNATIONAL, INC.

101 Monroe Place  
P.O. Box 653

2. Principal Office Address  
101 Monroe Place

3. Mailing Office Address  
P.O. Box 653

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Forsyth, GA

City & State  
Forsyth, GA

Zip Country  
31029 USA

Zip Country  
31029 USA

REINSTATEMENT

03-04

4. Date Incorporated or Qualified  
To Do Business in Florida 10-28-1998

5. FEI Number  
593541238

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  
Dottie M. Hewitt

Street Address (P.O. Box Number is Not Acceptable)  
585 Lancer Oak Drive

Suite, Apt. #, Etc.

City  
Apopka

State Zip Code  
FL 32712

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 *Dottie M. Hewitt*  
REGISTERED AGENT MUST SIGN

Date 11-8-04

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
Dr.	Laurel T. Hughes, P/D/C	101 Monroe Place	Forsyth, GA 31029
Mrs.	Sharon L. Turner D/V/P/T	13307 Dovedaleway, Apt. C	Germantown, MD 20874
Mrs.	Dottie M. Hewitt D/S	585 Lancer Oak Drive	Apopka, FL 32712
Mr	Christopher Sapp -D	1323 Wilderness Lane	Titusville, FL 32796

800042694398  
11/12/04--01053--002 \*\*131.25

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:

*Laurel T. Hughes, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-02-04

Date

478-974-0144

Daytime Phone #

212

**Women's Counsel International, Inc.  
101 Monroe Place  
Forsyth, GA 31029  
478-974-0144**

November 2, 2004

Department of State  
Division of Corporations – Reinstatement Division  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: Document #N98000006175**

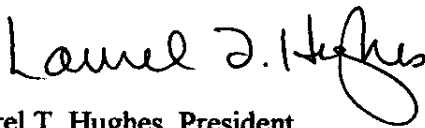
To Whom It May Concern:

Enclosed is the State of Florida Non-Profit reinstatement form for WOMEN'S COUNSEL INTERNATIONAL, INC. We were unaware that this corporation was administratively dissolved for annual report. We did not receive any notices from your office because I have moved two times since 2002.

Therefore, I am requesting a waiver of the reinstatement fee of \$175.00 but have enclosed two years annual fees in the amount of \$122.50 plus \$8.75 for a Certificate of Status (total check for \$131.25).

Thank you for your assistance. Please call 478-974-0129 if you have questions.

Sincerely yours,



Laurel T. Hughes, President