PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 APR 11 PM 3:45

DOCUMENT # N99000001707

1. Corporation Name
Prosperous Women Of the Word, Inc.

REINSTATEMENT 02-03

4/8/03 01001 004 297.50

2. Principal Office Address	3. Mailing Office Address
14100 Palmetto Frontage Rd.	14100 Palmetto Frontage Rd
Suite, Apt. #, etc. 105	Suite, Apt. #, etc. 105
City & State Miami Lakes, FL	City & State Miami Lakes, FL
Zip 33016 Country USA	Zip 33016 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/18/1999

5. FEI Number: 65-0909594 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☑

7. Name and Address of Current Registered Agent

Name: Kim L. Johnson

Street Address (P.O. Box Number is Not Acceptable): 14100 Palmetto Frontage Rd

Suite, Apt. #, Etc.: 105

City: Miami Lakes | State: FL | Zip Code: 33016

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: _____ (REGISTERED AGENT MUST SIGN) Date: 04/11/2003

CR2E061 (10/12)

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/Dir	Kim L. Johnson	14100 Palmetto Frontage Rd. Ste 105	Miami Lakes, FL 33016
VP/Dir	Joseph Sweeting	14100 Palmetto Frontage Rd, Ste 105	Miami Lakes, FL 33016
Secy/Dir	Toni Barnes	14100 Palmetto Frontage Rd, Ste 105	Miami Lakes, FL 33016
Tres/Dir	Dorothy Diaz	14100 Palmetto Frontage Rd. Ste 105	Miami Lakes, FL 33016

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: _____ Kim L. Johnson 04/11/2003 305-698-9375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/11/03