

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


ADDITIONAL
AND
FILED

06 APR 24 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RSC

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05/03/06--01001--017 **70.00

CORPORATION REINSTATEMENT 3006 AR		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N 990000005570			
1. Corporation Name Women - N-Blue, INC. 3453 Charles Ave Coconut Grove, FL 33133-5805			
2. Principal Office Address 3453 Charles Ave Suite, Apt. #, etc. City & State Coconut Grove Zip 33133 Country USA		3. Mailing Office Address SAME Suite, Apt. #, etc. City & State FL Zip Country	

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Portia Jacobs		
Street Address (P.O. Box Number is Not Acceptable) 3453 Charles Ave		
Suite, Apt. #, Etc.		
City Coconut Grove, FL 33133	State FL	Zip Code 33133

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 Portia Jacobs REGISTERED AGENT MUST SIGN	Date 04-14-06

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
D	Portia Jacobs	SAME AS ABOVE	
D	Edward Jacobs	SAME AS ABOVE	
S	Tarena Wilson	3290 N.W. 172 Terr Carol City, FL 33056	
O	Barbara Allen	SAME AS ABOVE	

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: Portia Jacobs SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 04-14-06 Daytime Phone # (305) 261-8328 x7713

CR2E081 (01/05)