


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 10 JAN -5 PM 2:54 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # N99000007416			
1. Corporation Name MOTHER WIT INSTITUTE INC.			
2. Principal Office Address - No P.O. Box # 2737 North "E" Street Suite, Apt. #, etc.		3. Mailing Office Address 2737 NORTH "E" STREET Suite, Apt. #, etc.	
City & State PENSACOLA, FL		City & State PENSACOLA, FL	
Zip 32501	Country U.S.	Zip 32501	Country U.S.
7. Name and Address of Current Registered Agent Name BLACKMON, GEORGIA Street Address (P.O. Box Number is Not Acceptable) 2737 NORTH "E" STREET Suite, Apt. #, Etc.		4. Date Incorporated or Qualified To Do Business in Florida 12/13/1999 5. FEI Number 59-3651376 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status <input type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
City PENSACOLA		State FL	Zip Code 32501
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 <u>Georgia M. Blackmon</u> Date <u>11/20/09</u> REGISTERED AGENT MUST SIGN			
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
DIR	BLACKMON, GEORGIA	2737 NORTH "E" STREET	PENSACOLA, FL 32501
ADIR	ARNOLD, JULIA	8235 STRASBURG RD	PENSACOLA, FL 32514
T	SALTER, ROSE	202 E. YOUNGE STREET	PENSACOLA, FL 32503
S	BLACKMON, JEAN	7405 VIVER NELL LN	PENSACOLA, FL 32526
O	BLACKMON, JOHNNY	2727 N. "E" STREET	PENSACOLA, FL 32501
10. E-mail Address: _____ (To be used for future annual report notification)			
11. 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. I further certify, 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: <u>Georgia M. Blackmon</u> 11/20/09 (850) 438-4072 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			