

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

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

FILED

01 NOV -2 PM 1:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000040934

1. Corporation Name

NATIONAL WOMEN'S HEALTH ORGANIZATION OF CENTRAL  
FLORIDA, INC.

Principal Place of Business

2208 HILLCREST ST  
ORLANDO FL 32803-4906  
US

Mailing Address

2208 HILLCREST ST  
ORLANDO FL 32803



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

05/13/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

56-1972133

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P.	HILL, SUSAN	3613 HAWORTH RD	RALEIGH NC 27609
S/T	POLLACK, ALAN	757 3RD AVE 25TH FL	NEW YORK NY
			300004706103--8 -12/05/01--01055--016 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

DAVIS, PATRICIA  
2208 HILLCREST ST  
ORLANDO FL 32803

9. Name and Address of New Registered Agent

Name Jane Gerhard  
Street Address (P.O. Box Number is Not Acceptable)  
2208 Hillcrest St  
Suite, Apt. #, Etc.  
City Orlando State FL Zip Code 32803

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent Jane Gerhard  
REGISTERED AGENT MUST SIGN

Date 10-3-01

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 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: Susan Hill  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/23/01 Daytime Phone # 407-898-0021