05/17/05 11:3? FAX 3056704422 BRUCE LAMCHICK ☑002

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
05 JUN 23 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
Division of Corporations

200056521342
06/24/05--01059--016 **1200.00

REINSTATEMENT 02-05

DOCUMENT # P99000086803

1. Corporation Name
THE WOMEN'S GROUP + ONE, INC.

2. Principal Office Address
224 WASHington AVE
11
HOMESTEAD
33030 DADE USA

3. Mailing Address
224 WASHington AVE
11
FLORIDA 33030
33030 USA

4. Date Incorporated or Qualified To Do Business in Florida: 4/29/99

5. FEI Number: 650959895

6. Certificate of Status Desired

7. Name and Address of Current Registered Agent

Name: PATRICIA MELLERSON
Street Address: 224 WASHington AVE
Suite, Apt #, Etc.: 11
City: HOMESTEAD
State: FL
Zip Code: 33030

8. Having accepted the registered agent ... above named corporation ... the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Patricia Mellerson
Date: 5/17/05

9. Names and Street Addresses of each Officer and/or Director (Florida nonprofit corporations must list at least three ...)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
P	BARBARA C. Johnson	224 WASHington AVE.	Homestead, Fl. 33030
T	Nicole Johnson	224 WASHington AVE	Homestead, Fl. 33030
V	PATRICIA Mellerson	224 WASHington AVE	Homestead, Fl. 33030
S	Richard Deosarran	224 WASHington AVE	Homestead, Fl. 33030

6/23

10. I certify that I am an officer or director of the corporation 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 that 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.

PATRICIA MELLERSON
SIGNATURE: Patricia Mellerson
Signature and typed or printed name of signing officer or director

Date: 5/17/05
Daytime Phone #: 305-248-7772