



RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 JUN 27 2018  
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# REINSTATEMENT

1. Entity ID Number: 000990323	2. The name of the entity is: FILLES D'AFRIQUE FA DAUGHERS OF AFRICA																																				
3. Date of Revocation: 03/10/2016	4. Reason for Revocation: Annual Report																																				
5. Entity Type: Non-Profit																																					
6. The reinstatement includes: <table style="width: 100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> Annual Reports (# of reports)</td> <td style="text-align: center;">4</td> <td style="text-align: center;">(report filing fee) \$ 20</td> <td style="text-align: right;">Total Fees \$ 80</td> </tr> <tr> <td><input checked="" type="checkbox"/> Penalty fees (# of years)</td> <td style="text-align: center;">3</td> <td style="text-align: center;">(penalty fee) \$ 25</td> <td style="text-align: right;">Total Fees \$ 75</td> </tr> <tr> <td><input type="checkbox"/> Replacement filing fee</td> <td style="text-align: center;">\$</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> LOGS (Tax Good Standing)</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Legislative Act/Court Order</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Change of Agent Form (filing fee) \$</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Change of Registered Office Form - <b>NO FEE</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Certificate of Correction</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Amendment (name change required)</td> <td></td> <td></td> <td></td> </tr> </table>		<input checked="" type="checkbox"/> Annual Reports (# of reports)	4	(report filing fee) \$ 20	Total Fees \$ 80	<input checked="" type="checkbox"/> Penalty fees (# of years)	3	(penalty fee) \$ 25	Total Fees \$ 75	<input type="checkbox"/> Replacement filing fee	\$			<input type="checkbox"/> LOGS (Tax Good Standing)				<input type="checkbox"/> Legislative Act/Court Order				<input type="checkbox"/> Change of Agent Form (filing fee) \$				<input checked="" type="checkbox"/> Change of Registered Office Form - <b>NO FEE</b>				<input type="checkbox"/> Certificate of Correction				<input type="checkbox"/> Amendment (name change required)			
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7. The reinstatement is accompanied by:																																					

**FILED**  
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 BY *[Signature]* 333740  
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