

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000006079

FILED
Nov 30, 2004
Secretary of State**Entity Name:** CROSSOVER FOR WOMEN INTERNATIONAL, INCORPORATED**Current Principal Place of Business:**845 SUNRIDGE POINT
SEFFNER, FL 335845905**New Principal Place of Business:****Current Mailing Address:**PO BOX 172913
TAMPA, FL 33672**New Mailing Address:****FEI Number:** 59-3684517**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ANDRADE, ROBERT
10105 CEDAR DUNE DRIVE
TAMPA, FL 33624 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** DP () Delete
Name: ANDRADE, ROBERT
Address: 10105 CEDAR DUNE DR.
City-St-Zip: TAMPA, FL 33624**Title:** DST () Delete
Name: ANDRADE, ALICIA M
Address: 10105 CEDAR DUNE DR.
City-St-Zip: TAMPA, FL 33624**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT ANDRADE

DP

11/30/2004

Electronic Signature of Signing Officer or Director

Date