

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS  
W08000022879

08 JUL 11 PH 3:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *N02000005710*

1. Corporation Name

*LETTER # 508A 00016279*  
*UMA OF TAMPA BAY WOMEN, INC*

300128566853  
07/18/08--01044--012 \*\*190.00

300128566853  
05/06/08--01007--023 \*\*300.00

CR2E081 (12/07) *04-08*

2. Principal Office Address - No P.O. Box #

*7609 N 56TH STREET*

3. Mailing Office Address

*3309 JAP TUCKER ROAD*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*TAMPA FLORIDA*

City & State

*PLANT CITY, FLORIDA*

Zip

*33617*

Country

*USA*

Zip

*33566*

Country

*USA*

4. Date Incorporated or Qualified To Do Business in Florida

*JULY 29, 2002*

5. FEI Number

*74-3050800*

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

*AJMAL E. KHAN*

Street Address (P.O. Box Number is Not Acceptable)

*3309 JAP TUCKER ROAD*

Suite, Apt. #, Etc.

City

*PLANT CITY*

State

*FL*

Zip Code

*33566*

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.

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

*Ajmal E. Khan*

REGISTERED AGENT MUST SIGN

Date

*4/12/08*

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
<i>PRES</i>	<i>AL-INSHIRAH ABDEL-JALEEL</i>	<i>8327 VOLUSIA PLACE</i>	<i>TAMPA, FL 33637</i>
<i>VICE PRES</i>	<i>YAHYA O'KEEFFE</i>	<i>9825 SIR FEDERICK STREET</i>	<i>TAMPA, FL. 33637</i>
<i>TREAS</i>	<i>AJMAL E. KHAN</i>	<i>3309 JAP TUCKER ROAD</i>	<i>PLANT CITY, FL 33566</i>
<i>ASST TREAS</i>	<i>FRED MUSTAPH DANCER</i>	<i>6916 SOCIETY DR. APT. A</i>	<i>TAMPA, FL 33617</i>
<i>SEC</i>	<i>JOAN YASMIN L. KHAN</i>	<i>3309 JAP TUCKER ROAD</i>	<i>PLANT CITY, FL 33566</i>
<i>ASST SEC</i>	<i>PAT CRUSE</i>	<i>6914 TEMPLE OAKS AVENUE</i>	<i>TAMPA, FL 3</i>

10. 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 contained in Chapter 119, 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:

*Mr. Al-Inshirah Abdel-Jaleel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*4-12-08*

Daytime Phone #

*AL-INSHIRAH ABDEL-JALEEL*

*7/1/08*