

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

02 JAN 18 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000004849780--4
-01/31/02--01004--021



DOCUMENT # **N97000004943**

1. Corporation Name
TAMPA BAY WOMEN IN INTERNATIONAL TRADE, INC.

Principal Place of Business Mailing Address
4409 WEST SEVILLA STREET TAMPA FL 33629
P.O. BOX 2415 TAMPA FL 33602 US

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/02/1997	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3482087	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D P/D	PINA, OLGA M MARIA CRUMMETT	2609 PROSPECT ROAD 401 W. KENNEDY BLVD.	TAMPA FL 33629 TAMPA, FL 33606
DP V/D	DEUA, CAROL A LORI RAFTER	4409 WEST SEVILLA STREET 1101 CHANNELSIDE DRIVE	TAMPA FL 33629 TAMPA, FL 33602
DT T/D	MASON, MONICA B MATILDE ARMACHANDE	614 MONTEREY BLVD NE 1509 1/2 BAY VILLA PLACE	ST. PETERSBURG FL 33704 TAMPA, FL 33629
D S/D	CARGILL, CAROL EILEEN RODRIGUEZ	P.O. BOX 2268 1101 CHANNELSIDE DRIVE	LARGO FL 33779 TAMPA FL 33602
			000004849780--4 -01/31/02--01004--020 ****175.00 ****175.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
PINA, OLGA M 501 E KENNEDY BLVD TAMPA FL 33602		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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: *[Signature]* REGISTERED AGENT MUST SIGN Date: 12/28/02

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: *[Signature]* EILEEN RODRIGUEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 11/8/01 Daytime Phone #: 813-905-5804

CR2E040 (8/01)