

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

03 JAN 16 PM 1:31

DOCUMENT # **N97000004943**
 1. Corporation Name
TAMPA BAY WOMEN IN INTERNATIONAL TRADE, INC.

Principal Place of Business Mailing Address
~~405 WEST OF WASHINGTON ST TAMPA FL 33601~~
P.O. Box 2192 TAMPA FL 33601



REINSTATEMENT 02-03

2. New Principal Office Address, If Applicable
P.O. Box 2192 Tampa, FL
 3. New Mailing Office Address, If Applicable
P.O. Box 2192 Tampa, FL

4. Date Incorporated or Qualified To Do Business in Florida
09/02/1997
 5. FEI Number **59-3482087** Applied For
 Not Applicable
 6. CERTIFICATE OF STATUS DESIRED \$6.75 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
PD	CRUMMETT, MARIA	401 W KENNEDY BLVD	TAMPA FL 33606
PD	RAFTER, LORI	1101 CHANNELSIDE DRIVE	TAMPA FL 33602
TD	ARMAGHANDE, MATILDE Amarchanda,	1509 1/2 BAY VILLA PLACE P.O. Box # 1259	TAMPA FL 33629
SD	RODRIGUEZ, EILEEN	1101 CHANNELSIDE DRIVE	TAMPA FL 33602
			200009099352 01/14/03--01080--002 **\$1.25
			200009099352 11/20/02--01029--012 **\$245.00

8. Name and Address of Current Registered Agent
Matilde Amarchanda
WIT-TREASURER
1509 1/2 Bay Villa Pl
Tampa FL 33629

9. Name and Address of New Registered Agent
 Name **Matilde Amarchanda**
 Str. **WIT-Treasurer**
 Su. **P.O. Box 1259**
 City **Tampa FL 33602**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of a registered agent of Florida.
 Signature of Registered Agent **Matilde Amarchanda** REGISTERED AGENT MUST SIGN
 Date **11/24/02**

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: **Matilde Amarchanda**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **11/24/02**
 Daytime Phone #