

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
DIVISION OF CORPORATIONS

DOCUMENT # 770675

1. Corporation Name

GREATER MIAMI, FLORIDA, CHAPTER OF THE NATIONAL ASSOCIATION OF WOMEN BUSINESS OWNERS, INC.

Principal Place of Business

Mailing Address

7270 NW 12TH STREET, SUITE #205
6
MIAMI FL 33126
US

1825 PONCE DE LEON BLVD. SUITE #299
CORAL GABLES FL 33134
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/11/1983

5. FEI Number

59-2030736

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	STANTON REINSTEIN, REBECCA	20553 BISCAYNE BLVD., #368	AVENTURA FL 33160
VPD	BRISTOL, ELLEN	2121 N. BAYSHORE DRIVE, SUITE #12	MIAMI FL 33137
T	ARIAS, MARIAZELL	7270 NW 12TH STREET, SUITE #205	MIAMI FL 33126
PD	Bristol, Ellen	2121 N. Bayshore Dr., #12	Miami, FL 33137
VPD	Brenda Hill-Riggins	3800 NW 22nd Ave.	Miami, FL 33142

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ARIAS, MARIAZELL H
7270 NW 12TH STREET, SUITE #205
MIAMI FL 33126

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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 REQUIRED

Date

REGISTERED AGENT MUST SIGN

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/01 (305) 594-5774

Date

Daytime Phone #

292
NAWBO
1825 PONCE DE LEON BLV
SUITE 299
CORAL GABLES, FL 33134

NAWBO

November 1, 2001

Dear Sir or Madam:

We are writing this letter to please ask that any penalties or fees please be waived regarding the filing of our annual report. We ask this because we did file on time and send our check which was cashed by your office but the titles of the officers were missing the appropriate abbreviation. Our office never received any correspondence about this issue until the Notice of Administrative Dissolution was received. Please find the attached sheet with the corrections and reinstate our corporation as soon as possible. Thank you in advance for your cooperation.

Sincerely,


Amy Graver
Project Manager

[Click here and type slogan]