

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 APR - 1 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 817086

1. Corporation Name

Executive Women International - Corporation

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

515 South 700 East

Suite, Apt. #, etc.

2A

City & State

Salt Lake City, UT

Zip

84102

Country

USA

3. Mailing Office Address

(same)

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4/29/1938

5. FEI Number

946076982

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

Thrude Legg

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

10000 GATE PARKWAY, #211

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32246

☐ 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

Thrude Legg

REGISTERED AGENT MUST SIGN

Date 3/27/2008

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
P	Wendy Cowley	2980 E. Cottonwood Parkway	Salt Lake City, UT 84121
V	Peggy Quinn	Univ of Memphis, Manning Hall, Rm 46	Memphis, TN 38152-3370
S/T	Darlene Banogon	4741 Dalea Place	Oceanside, CA 92057
D	Carolyn Summerton	301 S Tryon Street, Ste 1800	Charlotte, NC 28202
D	Audrey Puko	223 N. Highland Avenue, Fl 2	Pittsburgh, PA 15206

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

801-333-5290

Date

Daytime Phone #

B. Mitchell APR 1 2008