

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 31 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N00000006079**

1. Corporation Name

CROSSOVER FOR WOMEN INTERNATIONAL, INCORPORATED

Principal Place of Business

Mailing Address

845 SUNRIDGE POINT
SEFFNER FL 33584-5905

PO BOX 172913
TAMPA FL 33672

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

09/11/2000

5. FEI Number

59-3684517

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	ANDRADE, ROBERT	10105 CEDAR DUNE DR.	TAMPA FL 33624
DST	ANDRADE, ALICIA M	10105 CEDAR DUNE DR.	TAMPA FL 33624
DVP	OLIVER, ANTHONY	4020 50TH AVE. N.	SAINT PETERSBURG FL 33714

800025892428
12/31/03--01048--009 **236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ANDRADE, ROBERT
10105 CEDAR DUNE DRIVE
TAMPA FL 33624

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. or 617.0505, F.S.

Signature of
Registered Agent

Robert Andrade

Date

12-29-03

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:

Robert Andrade
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT ANDRADE

Date

12-29-03 813655-4457

Daytime Phone #