

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 28 AM 10:38

DOCUMENT # N38957

1. Corporation Name  
HYPATIA, INC.

Principal Place of Business UNIV OF OREGON/ DEPT OF PHILOSOPHY EUGENE OR 97403-295 US	Mailing Address 7911 CITRUS DRIVE TEMPLE TERRACE FL 33637 US
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REINSTATEMENT 99

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 07/06/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 37-1188944	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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	MCALISTER, LINDA LOPEZ	7911 CITRUS DRIVE	TAMPA FL 33637
D	SCHUTTE, OFELIA	UNIV OF <del>FLORIDA</del> SOUTH FL DPT. OF WOMEN'S STUDIES	<del>GAINESVILLE FL</del> TAMPA, FL 33620
D	SIMONS, MARGARET	683 CHAPMAN	EDWARDSVILLE IL
D	BARTKY, SANDRA	3520 N LAKE SHORE DR #7E	CHICAGO IL
D	TUANA, NANCY	UNIV OREGON/DPT OF PHILOS	EUGENE OR 97403
D	SHRAGE, LAURIE	CSU-POMONA/DEPT OF PHILOS	POMONA CA 91768

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MCALISTER, LINDA LOPEZ 7911 CITRUS DRIVE TEMPLE TERRACE FL 33637		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
400003035374--8 -11/04/99--01075--017 ***174.75 ***174.75		400003035374--8 -11/04/99--01075--016 *****61.50 *****61.50 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: *Linda Lopez* REGISTERED AGENT MUST SIGN Date: 10/25/99

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: *Ofelia Schutte* OFELIA SCHUTTE 10/25/99 (813)974-0981  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #