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
01 JAN 22 PM 12:22

DOCUMENT # **N49033**

1. Corporation Name

THE WESTSHORE MIDDAY BUSINESS AND PROFESSIONAL WOMEN'S CLUB OF TAMPA FLORIDA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 20003 TAMPA FL 33622	P.O. BOX 20003 TAMPA FL 33622

REINSTATEMENT 00

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: 05/22/1992

5. FEI Number: 59-3308883 ☐ 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
PD	RIGGS, LYSA	1127 SHIPWATCH CIR	TAMPA FL 33602
VD	BROWN, SHIRLEY	8923 MAGNOLIA CHASE CIR.	TAMPA FL 33647
VD	BARRY, JACKIE	1221 N FLORIDA AVE STE B	TAMPA FL 33602
TD	NICOSIA, LYDIA	600 N WESTSHORE BLVD STE 200	TAMPA FL 33611
			600003623226--6 -02/01/01--01087--002 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

NICOSIA, LYDIA M
600 NORTH WESTSHORE BLVD
STE 200
TAMPA FL 33611

9. Name and Address of New Registered Agent

Name: Deborah P. Fong
Street Address (P.O. Box Number is Not Acceptable): 9338 Pontiac Dr
Suite, Apt. #, Etc.:
City: Tampa State: FL Zip Code: 33626

CR2E040 (8/00)

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: Deborah P Fong SIGNATURE REQUIRED Date: 1/10/01
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.

AD

SIGNATURE: E.G. Riggs SIGNATURE REQUIRED 1/10/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #