

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N93000005026**

1. Corporation Name

CENTRAL FLORIDA EXECUTIVE WOMEN IN TRAVEL INC.

Principal Place of Business

Mailing Address

PO BOX 540743
ORLANDO FL 32804

PO BOX 540743
ORLANDO FL 32804

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

11/09/1993

5. FEI Number

59-1424500

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
P	SHAMBLIN, TAMMY	3901 PELICAN LANE 1547 LAUNDALE CIL	ORLANDO FL 32803 WINTER PARK, FL 32792
VP	DIDERARDINO, VIRGINIA NANCY CHRISTIAN	P.O. BOX 690905 1027 Golfside	ORLANDO FL 32803 Winter Park, FL 32792
D	MILLARD, SUSAN PEGGY FOWLER	2025 PARKLAND DRIVE 201 Perth Ct	WINTER SPRINGS FL 32708 Winter Spgs FL 32708
D	RYKACZEWSKI, JEAN	4607 ALMARK DR.	ORLANDO FL 32839
VP	DUCKWORTH, PAT	7001 SKYLANE DRIVE	ORLANDO FL 32819
D	ROBERTS, RENE ALBA PATERSON	1745 TAYLOR AVENUE 600 Northern Way	WINTER PARK FL 32789 Winter Spgs, FL 32708

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BREWER, JANET E
P.O. BOX 533147
1100 EAST COLONIAL DRIVE
ORLANDO FL 32853

Name

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

Suite, Apt. #, Etc.

City

3000004431069--7

-06/20/01--01004--013

****297.50 ****297.50

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

Janet E. Brewer
REGISTERED AGENT MUST SIGN

Date

5-7-01
4-5-01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-7-01

407-740-5959

407-

4501

423-7223