

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 25 AM 8:27

DOCUMENT # N97600000149

1. Corporation Name

National Association of Women Business Owners -  
Tampa Bay, Inc.

2. Principal Office Address

P.O. Box 18916

Suite, Apt. #, etc.

N/A

City & State

Tampa, FL

Zip

33679

Country

U.S.A.

3. Mailing Office Address

P.O. Box 18916

Suite, Apt. #, etc.

N/A

City & State

Tampa, FL

Zip

33679

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

1/13/97

5. FEI Number

59-3444052

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

Barbara Merkt

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

3608 W. Azeele Street

Suite, Apt. #, Etc.

103

City

Tampa

State

FL

Zip Code

33609

800003414598-9

-10/05/00--01052--005

\*\*\*\*183.75 \*\*\*\*183.75

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

REGISTERED AGENT MUST SIGN

Date

9/12/00

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
Pres/D	Barbara Merkt	4201 N. Azeele	Tampa, FL 33609
Asst. Sec/D	Carole Gill	10713 Dixon Drive	Alderbrook, FL 33569
Treas/D	Diane Roper	3005 State Road 590	Clearwater, FL 33759
S/D	Linda Coleman	5701 S. Dale Mabry	Tampa, FL 33611
T/D	Michelle Greenberg	5818 Zella Forest Place	Tampa, FL 33614

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 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:

Michelle L. Ruby, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/14/00

Date

(813) 879-3608

Daytime Phone #



NAWBO

*Tampa Bay Chapter*

September 19, 2000

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Corporation Reinstatement  
National Association of Women Business Owners – Tampa Bay, Inc.  
Document # N97000000149

To Whom It May Concern:

Please find enclosed a completed Corporation Reinstatement form for National Association of Women Business Owners – Tampa Bay, Inc. The check enclosed for \$183.75 is for 1998, 1999, and 2000, i.e., \$61.25 for each year not previously paid.

We hereby request abatement of the reinstatement fee due to reasonable cause. National Association of Women Business Owners – Tampa Bay, Inc. is a nonprofit corporation, i.e., a local chapter of a national organization, whose officers and board members change on a yearly basis. A few individuals incorporated this organization in 1997, whose names and addresses at that time were used as resources for all correspondence. Since that time, the organization has obtained a post office box to which all correspondence is sent. It appears that with these changes, the organization failed to remit an address change to the Department of State, and thus, the form mailed by the Department of State never got into the appropriate hands to which the form could be completed timely. At no time was there ever intent not to comply.

The taxpayer, again, hereby requests abatement of the reinstatement fee. Based on the account above, the taxpayer did not willfully fail to meet the requirements of completing the form and paying the appropriate filing fees.

To the best of my knowledge, the account of these facts is true and correct.

Sincerely,

Michelle I. Greenberg  
Treasurer

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NATIONAL ASSOCIATION OF WOMEN BUSINESS OWNERS

P.O. Box 18916 • Tampa, FL 33679-8916