

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 NOV 26 PM 5:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (1/07)

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000000149

1. Corporation Name

National Association of Women Business Owners / Tampa Bay, Inc

2. Principal Office Address - No P.O. Box #
1507 18th Avenue Drive East

Suite, Apt. #, etc.

City & State
Palmetto, Florida

Zip
34221

Country
USA

3. Mailing Office Address
1507 18th Avenue Drive East

Suite, Apt. #, etc.

City & State
Palmetto, Florida

Zip
34221

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 1/13/1997

5. FEI Number
593444052

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
Deborah Shuck

Street Address (P.O. Box Number is Not Acceptable)
1507 18th Avenue Drive East

Suite, Apt. #, Etc.

City
Palmetto

State
FL

Zip Code
34221

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 11/20/07

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	Deborah L Shuck	1507 18th Avenue Drive East	Palmetto, Florida 34221
V Pres	Kaarla A McKenzie	1535 Dale Mabry Hwy Suite 201	Lutz, Florida 33548
Treas	Jody Knouse Poland	4002 W McKay	Tampa, Florida 33609
Sec	Kathy Durfee	9040 Towne Center Parkway	Bradenton, Florida 34202

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 contained in Chapter 119, 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

11/20/07

Daytime Phone #

941 722 8077

11/28