

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 30 PM 3:01

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # N97000000149

1. Corporation Name

NATIONAL ASSOCIATION OF WOMEN BUSINESS OWNERS - TAMPA BAY, INC.

Principal Place of Business

P.O. BOX 18916
TAMPA FL 33679

Mailing Address

P.O. BOX 18916
TAMPA FL 33679



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

01/13/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3444052

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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	MERKT, BARBARA Amy Burcaw	4201 N AZEELE 283 E. Davis Island	TAMPA FL 33609 33606
PED PED	GILL, CAROLE Jody Knouse	10713 DIXON DRIVE 4002 W. McKay	RIVERVIEW FL 33569 Tampa FL 33609
IPPD	ROPER, LINDA	3005 STATE ROAD 590	CLEARWATER FL 33759
SD	COLEMAN, LINDA Joan Halkaker	5701 S DALE MABRY 4100 W. Kennedy Blvd # 214	TAMPA FL 33611 33609
TD	GREENBERG, MICHELLE Linda Snook	5818 IDLE FOREST PLACE 13799 Park Blvd # 192	TAMPA FL 33614 Seminole FL 33776

8. Name and Address of Current Registered Agent

MERKT, BARBARA
3608 W AZEELE STREET
103
TAMPA FL 33609

9. Name and Address of New Registered Agent

Name
Linda Snook
Street Address (P.O. Box Number is Not Acceptable)
13799 Park Blvd # 192
Suite, Apt. #, Etc.
City
Seminole
State
FL
Zip Code
33776

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12/15/02

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)(l), 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 REQUIRED
Linda Snook

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/02

Date

727 641 8495

Daytime Phone #

CR2040 (8/02)



NAWBO

Tampa Bay Chapter

December 19, 2002

Jim Smith, Secretary of State
Florida Dept. of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Mr. Smith,

Please find enclosed the Application for Reinstatement for National Association of Women Business Owner's - Tampa Bay Inc. When I took over the responsibility of Treasurer, I did not realize that this form had not been filed. I had a copy of the Uniform Business Report that was filed May 1, 2002 and I noticed that the check was cashed by the state. I had no knowledge that the report was not considered filed. This was by no means intentional and we are respectfully requesting that the reinstatement fee be waived.

Thank you for your consideration in this matter.

Sincerely,

Linda Snook
Treasurer, NAWBO Tampa Bay