

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000031500

1. Corporation Name

WOMEN ABOARD, INC.

Principal Place of Business

11361 ELLISON WILSON RD.  
NORTH PALM BEACH FL 33408

Mailing Address

11361 ELLISON WILSON RD.  
NORTH PALM BEACH FL 33408

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

04/01/2001

5. FEI Number

65-1091110

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	MARIA B. RUSSELL	11361 ELLISON WILSON RD N. PALM BEACH, FL 33408	
Secretary	DAVID G. RUSSELL, SR.	11361 ELLISON WILSON RD N. PALM BEACH, FL 33408	

500008644915  
10/25/02 01038 016 \*\*150.00

8. Name and Address of Current Registered Agent

RUSSELL, DAVID G SR.  
11361 ELLISON WILSON RD.  
NORTH PALM BEACH FL 33408

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
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. or 617.0505, F.S.

Signature of Registered Agent

*David G. Russell*  
REGISTERED AGENT MUST SIGN

Date

October 25, 2002

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:

*David G. Russell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

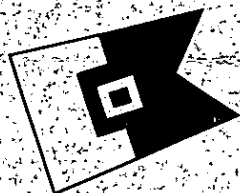
Date

Daytime Phone #

10/25/02

561-775-4689

CR2E040 (8/02)



**WOMEN ABOARD™**  
THE Network for Women in Boating

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October 24, 2002

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

Re: Document #P01000031500

To Whom It May Concern:

We recently received a Certificate of Administration Dissolution or Revocation for Women Aboard, Inc. because a 2002 corporation annual report was not filed.

Because we did not receive any uniform business report notices, we request that Women Aboard, Inc. be reinstated. Enclosed is the completed application for reinstatement, as well as a check for \$150.00, which is the fee for reinstatement.

Please direct all future correspondence regarding Women Aboard, Inc. to:

11361 Ellison Wilson Road  
North Palm Beach, FL 33408-3113

Thank you for your consideration.

Sincerely,

Maria B. Russell

Enclosures

P.O. Box 14254 • North Palm Beach, FL 33408-0254

Phone: (561)775-4688 • Fax: (561)775-4687

[www.womenaboard.com](http://www.womenaboard.com)