

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 14 AM 9:44

DOCUMENT # N00000008370

**1. Corporation Name**

Christian Faith Restoration center, inc  
6702 East Broadway  
Tampa FL 33619

**REINSTATEMENT** 01-06

**2. Principal Office Address**

Meowve Amain

Suite, Apt. #, etc.

1212 East 109 Ave

City & State

Tampa, FL

Zip

33612

Country

**3. Mailing Office Address**

1212 E 109 Ave  
1212 East 109 Ave

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33612

Country

CR2E081 (12/05)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

04/10/2000

**5. FEI Number**

☒ 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

Meowve Amain

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

1212 East 109 Ave

Suite, Apt. #, Etc.

City

Tampa, FL 33612

State

FL

Zip Code

33612

400079940864

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**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 Meowve Amain

Date 09/11/06

REGISTERED AGENT MUST SIGN

**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
P	Meowve Amain	1212 East 109 Ave	Tampa, FL 33612
VP	Waltere Amain	6702 East Broadway	Tampa, FL 33619
A	Yvette Dubois	6702 East Broadway	Tampa, FL 33619

**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:** Meowve Amain

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/11/06

Date

Daytime Phone #