PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
13 APR 30 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

DOCUMENT # N00000008148

1. Corporation Name

Center For Virtual Advancement, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1055 NW 6th Avenue	1055 NW 6th Avenue
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: Florida City, Florida	City & State: Florida City, Florida
Zip: 33034 Country: Miami Dade	Zip: 33034 Country: Miami Dade

4. Date Incorporated or Qualified To Do Business in Florida: 12/11/2000

5. FEI Number: 651074863 ☐ 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: Rev. Dr. Curtis Thomas

Street Address (P.O. Box Number is Not Acceptable): 15881 SW 287 Street

Suite, Apt. #, Etc.

City: Homestead State: FL Zip Code: 33033

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04/30/13--01009--004 **726.25

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: Curtis Thomas Date: April 23, 2013

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	Rev. Dr. Curtis Thomas	15881 SW 287 Street	Homestead, Florida 33033
D	John Alexander	20742 SW 130 Street	Homestead, Florida 33177
D	Bennie Lovett	505 SW 5 Avenue	Florida City, Florida 33034
D	Willie Beasley	405 NW 11 Street	Homestead, Florida 33033

10. **E-mail Address:** covenantbap71029@bellsouth.net
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Curtis Thomas Rev. Dr. Curtis Thomas 04/23/13 305-248-5561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RE 4/30/13