

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAY -7 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDADOCUMENT # ~~W 01000003990~~

1. Corporation Name

Zoe Family Life Center

02-11-03 61020 025 \$236.25  
02-01-02 90045 048 \$61.25

REINSTATEMENT 02-03

## 2. Principal Office Address

817 Stratford Ave

## 3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Tampa FL

City &amp; State

Zip

33603

Country

US

Zip

Country

4. Date Incorporated or Qualified  
To Do Business In Florida

6/4/01

## 5. FEI Number

59-3722825

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$5.75 Additional fee required  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name

Lewis, Michael

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

817 Stratford Street

Suite, Apt. #, Etc.

To

City

Tampa

State

FL

Zip Code

33603

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

Date

5/7/03

REGISTERED AGENT MUST SIGN

## 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP/P	Michael Lewis	817 Stratford St	Tampa FL 33603
TD	Louise Gentle	817 Stratford St	Tampa FL 33603
SD	Tarilyn Jenkins	817 Stratford St	Tampa FL 33603

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 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:

Michael Lewis

5/7/03

813 228-0230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #