

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 NOV 14 AM 8:00

DOCUMENT # N07946

1. Corporation Name

THE CHRISTIAN RESOURCE CENTER OF GREATER TAMPA BAY, INC.

Principal Place of Business

Mailing Address

8002 TIERRA VERDE DR.  
P.O. BOX 310598  
TAMPA FL 33680-0598

P.O. BOX 16822  
HOUSTON TX 77222-6822



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

REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

03/05/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2800289

Applied For

Not Applicable

City & State

City & State

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	MOTEN, HERMAN	8002 TIERRA VERDE	TAMPA FL 33617
<del>VPB</del>	<del>BORDEN, MALCOLM J.</del>	<del>5236 HIGHGATE COUN</del>	<del>ZEPHYRHILLS FL 33541</del>
STD	MIMS, JASON D.	2421 BUCKNELL DRIVE	VALRICO FL 33594
D	Alvin L. moten	8002 Tierra Verde Dr.	Tampa, FL 33617
			700024654937 11/14/03--01004--016 **236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MOTEN, HERMAN R PD  
8002 TIERRA VERDE DR.  
TAMPA FL 33617-7632

Name

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

Suite, Apt. #, Etc.

City

Houston

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

SIGNATURE

Date 11/10/03

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
HERMAN MOTEN

11/10/03

Date

832 473-9915

Daytime Phone #

CR2E040 (7/03)