PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	FLEASE READ /	1LL 11101F	70011	CINC	DEFUNE C		ING THIS FUNIVI.	
CORPORATION REINSTATEMENT FLORIDA DEPARTMEN Secretary of St					tate	FILED 07 MAR -5 AH 7:55		
DOCUMENT # N9900004092					:	MONETANY OF SYATE LLANASSEE, FLORIDA		
1. Corporation Name								
Christ The Church of Tampa Inc.					77 . 03/07/	00091535897 /0701015003 **665.00		
	el Office Address - No P.O. Box # E. Fletcher Avenue	3. Mailing Off	ice Addres	ay F	Ridge Drive	RE	INSTATEMENT OD: CR2E081 (1/07)	
Suite, Apt. #	Suite, Apt. #, et				A Data incore	porated or Qualified		
Suite 401City & State City & State						To Do Busio	ness in Fiorida 0/-0/-1999	
	oa, Florida	1 1	rerview, Florida		5. FEI Number 59-3538562 Applied For Not Applicable			
3361	2 Country	^{Zip} 33569		Count	try	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent								
Name Alecia Thomas					The reinstatement fee is imposed, except in circumstances which the entity did not receive			
Street Adas (P.O. Box Number is Not Acceptable)					the prior notices. By checking this box, you			
Suite, Apt. #, Etc. Apt# 3811						are certifying the prior notices were not received and requesting the reinstatement		
City Tampa				State FL 33624		fee be waived.		
Signature o		re named corpora	ation, am f	amiliar v	with and accept the o	bligations of section		
Registered		GISTERED AGE	NT MUST	SIGN			Date	
9. Names	and Street Addresses of Each Officer and	Vor Director (Flori	ida nonpro	fit corpo	orations must list at le	ast 3 directors)		
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director				City / State / Zip	
Р	Alecia Thomas		3801 Northgreen Avenue			Avenue	Tampa, Florida 33624	
VP	John Lee, Jr.	13112 Fennway Ridge Drive			ge Drive	Riverview, Florida 33569		
S/T	Georgette Gunn	,	211 Hardcastle Place			ice	Valrico, Florida 33594	
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this rei	instatement application, the reason for diss	olution has been i	eliminated.	the cor	porate name satisfies	the requirements	opter 607 or 617, F.S. I further certify that when filling sof section 607.0401 or 617.0401, F.S., that all fees stained 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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