

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000003643		
1. Entity Name AGAPE WITHOUT BORDERS INTERNATIONAL MINISTRIES CORP.		

Principal Place of Business 848 BLOUNTSTOWN HWY TALLAHASSEE, FL 32314	Mailing Address PO BOX 6792 TALLAHASSEE, FL 32314
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08062008 REIN-NP CR2E099 (1/07)

6. Name and Address of Current Registered Agent KNIGHT, ABBIE 2493 ARVAH BRANCH BLVD TALLAHASSEE, FL 32309	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
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SIGNATURE	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	
DATE	

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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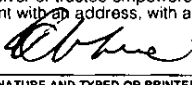
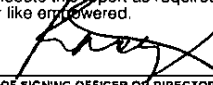
10. OFFICERS AND DIRECTORS	
TITLE	Y ☐ Delete
NAME	KNIGHT, ABBIE PASTOR
STREET ADDRESS	2493 ARVAH BRANCH BLVD
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	D ☐ Delete
NAME	KNIGHT, KEITH
STREET ADDRESS	2493 ARVAH BRANCH BLVD
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	D ☐ Delete
NAME	WRIGHT, MONIQUE
STREET ADDRESS	2493 ARVAH BRANCH BLVD
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

REINSTATEMENT

07-08

300134362893
08/12/08--01014--005 **122.50

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date: 6 Aug 2008 32/4875	
Daytime Phone #	

FILED

08 AUG -6 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

