PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEMENT	5	DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS			ILED R-7-MM-10:26		
DOCUMENT # N93 DDDDD1346 1. Corporation Name				()5 MA SEÇRÎ	R -1 AM STATE THANK OF STATE THASSEE, FLORIDA		
Agape House Ministry, Inc.					TALLI	il in a second		
0 0-1-1-1	1.000	1 2 44.770						
2 Principal Office Address 2815 S. Bay Street 2394			Robert D Rd [2	TPIMET	ATE	ement od =	00	
Suite, Apt. #, etc. Suite, A								
				4. Date Incom To Do Busi		orlate to a	1002	
City & State City & State Motor Mo			5. FEI Number					
Zip	Country	Zip	T Dora Fl		- <i>3</i> 2,	- 10 10	Not Applicable	
327	•	3 275		G. CERTIFICATE	OF STATU	S DESIRED 58.75 Addition	nal Fee required cate of Status	
7. Name and Address of Current Registered Agent								
	Name							
	Mount Dore	E 1		- 	State	Zip Code 32757		
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 Jaye O Potter REGISTERED AGENT MUST SIGN Date March 3, 2005								
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			
V/0	RonHolder		37421- Myrtle Dr		Umatilla Fl 32784			
5/10	Oscar Gerken		1607 Alan Drive		Eustis, F1 32726			
1/0	Bill Tyson		3002 LINMONT LA		ENSTIS, FI 32726			
P/D	John Schneck		4055 Dora Wood Dr		Mt. Dora Fl 32757			
D	Martha Rogers		936 N BakerSt.		Mount Dora, Fl 32757			
mlo	Joyce A Potte	2394 Robert D Rd		Mount Dora, Fl 3275				
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 fitting 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: **TOTAL 3. 2005 (352 357-1707)** **TOTAL								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #								