

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

02-03

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N01000007422

1. Corporation Name

AGAPA OUTREACH, INC.

FILED

03 JAN -6 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

5038 N. SOCRUM LOOP RD.  
LAKELAND FL 33809

Mailing Address

5038 N. SOCRUM LOOP RD.  
LAKELAND FL 33809



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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/15/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

04-3614613

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ANDERSON, LARRY J	5038 N. SOCRUM LOOP RD.	LAKELAND FL 33809
VD	SHAW, EDWARD L	4606 ALPINE DR.	LAKELAND FL 33801
SD	THORPE, CHARLES T	1105 O'DONIEL LOOP SOUTH	LAKELAND FL 33809
TD	HOHL, RICHARD E JR.	3855 GARNET DR.	MULBERRY FL 33860
			100009873531 01/06/03--01070--004 **122.50

8. Name and Address of Current Registered Agent

ANDERSON, LARRY J  
5038 N. SOCRUM LOOP RD.  
LAKELAND FL 33809

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/30/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/30/02

CR2E040 (802)

# Abundant Life Church of God

December 30, 2002

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Document #N01000007422

To Whom It May Concern:

I am writing in reference to Agapa Outreach, Inc. and the reinstatement of our Non-Profit Corporation. We did not receive the two prior uniform business report (UBR) for this Non-Profit Organization, therefore; according the Important Facts listed on the back of Notice of Administrative Dissolution or Revocation we are paying a total amount due of \$122.50. This amount represents \$61.25 due for 2002 and \$61.25 due for 2003.

Please return Agapa Outreach, Inc. to "active" status. If you have any questions or if I can be of further assistance, please call.

Sincerely,



Larry J. Anderson  
President and Director

LJA:jrs