

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N00000006264**

1. Corporation Name

AGAPE COMMUNITY CHURCH OF PALM BAY, INC.

FILED

03 JAN -9 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2235 PACIFIC AVENUE
PALM BAY FL 32905

Mailing Address

2235 PACIFIC AVE N.E.
PALM BAY FL 32905



REINSTATEMENT

02-03

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

09/19/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3676941

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VPT D	FOURNIER, ROXANNE GARZA	2235 PACIFIC AVENUE	PALM BAY FL 32905
PD D	FOURNIER, EDWARD	2235 PACIFIC AVENUE	PALM BAY FL 32905
TT D	KASS, KAREN Lewis Perles	2235 PACIFIC AVENUE	PALM BAY FL 32905
S(D)	GEE, Joshua	2235 Pacific Avenue	Palm Bay FL 32905
			000009982940 01/09/03--01030--004 **297.50

8. Name and Address of Current Registered Agent

WAYNE, EDWARD W PASTOR
2235 PACIFIC AVE N.E.
PALM BAY FL 32905

9. Name and Address of New Registered Agent

Name

Edward Wayne Fournier

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

2235 Pacific Ave. N.E.

Suite, Apt. #, Etc.

City

Palm Bay

State

FL

Zip Code

32905

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 12-20-02

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

12-20-02

Date

321-953-

Daytime Phone #

7373

CR2E040 (8/02)