

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 DEC -9 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000002185**

1. Corporation Name

AGAPE OUTREACH MINISTRIES.COM, INC.

Principal Place of Business

Mailing Address

~~2801 BOOKER STREET~~
FT PIERCE FL 34947

~~PO BOX 661~~
FT PIERCE FL ~~34954-0001~~



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

REINSTATEMENT 02

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/29/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FT. PIERCE, FL.

City & State
**P.O. BOX 1861
FT. PIERCE, FL.**

5. FEI Number

65-1097366

Applied For

Not Applicable

Zip

34947 ST. Lucie

Zip

34954-1861 ST. Lucie

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
PD	FREDERICK, LEREL SR	1122 HEMLOCK CIRCLE	FT PIERCE FL 34947
VD	FREDERICK, LEREL JR	PO BOX 661 N/A	FT PIERCE FL 34954
SD	ANDERSON, GILDA R	5805 NW 57TH AVE	TAMARIC FL 32738
TD	SALTER, ELSIE	2801 BOOKER STREET	FT PIERCE FL 34947

200009419382
12/09/02--01072--007 **236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HOLMES, HENRY
2801 BOOKER STREET
FT PIERCE FL 34947

Name **LEREL FREDERICK, SR**
Street Address (P.O. Box Number is Not Acceptable)
1122 Hemlock Circle
Suite, Apt. #, Etc.

City **FT. PIERCE**

State **FL**

Zip Code **34947**

CR2E040 (8/02)

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

LEREL FREDERICK, SR

REGISTERED AGENT MUST SIGN

Date

DEC. 05, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LEREL FREDERICK, SR
12-5-02 (772) 464-6544