

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **NO1000005357**

1. Corporation Name

AGAPE COMMUNITY DEVELOPMENT CORP.

Principal Place of Business

630 NE 40TH ST
POMPANO BEACH FL 33064

Mailing Address

630 NE 40TH ST
POMPANO BEACH FL 33064

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/27/2001

5. FEI Number

65-0122675

Applied For

Not Applicable

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
D	MACK, DARNELL	630 NE 40TH ST	POMPANO BEACH FL 33064
D	MACK, ELAINE	630 NE 40TH ST	POMPANO BEACH FL 33064
D	DENNIS, BETTY	597 NE 40TH ST	POMPANO BEACH FL 33064
D	WILSON, JENNIFER	3821 NW 21 ST, APT 110	LAUDERDALE LAKES FL 33311
D	MOBLEY, SALLY	1428 NW 6TH AVE	FT LAUDERDALE FL 33311

8. Name and Address of Current Registered Agent

MACK, DARNELL
630 NE 40TH ST
POMPANO BEACH FL 33064

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

Darnell Mack
REQUIRED
REGISTERED AGENT MUST SIGN

Date

Oct 28-02

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:

Darnell Mack
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oct 28-02

Daytime Phone #

Agape Community Development Corp.
2230 N.W. 22nd Street
Fort Lauderdale, Florida 33311
(954) 730-8775
Overseer: Bishop Darnell Mack

Date: October 28, 2002

Re: Notice of Administrative Dissolution or Revocation

To whom it may concern:

This letter is to inform you that we have received a letter from you, (State of Florida Department of State) stating that because we have failed to file our 2002 corporation annual report/uniform business report, we have received a certificate of administrative dissolution. We find this to be untrue. The annual report/uniform business report was filed and send back. We hope that you will accept this letter of correction. Enclosed is the application for reinstatement and a check for \$61.25.



Darnell Mack
President of Agape Comm. Dev.
Inc.