| PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. | | | | | | | |
|---|---------------------------|---------------|---------------------|---|-----------------------|---|-------------|
| | RPORATION STATEMENT | | Secr | PARTMENT OF STATE of State of Corporations | τ∈ - 05 | FILED JUN 27 TH 2:25 | |
| DOCUMENT # NO\00005357 1. Corporation Name | | | | | | | |
| Aga | ipe Com | imunity | Develo | pment Corp | , | | |
| 2. Principa 223 Suite, Apt. | al Office Address | Indst. | 3. Mailing Office A | EUNT St. | | | |
| | | | | | | oorated or Qualified ness in Florida | |
| City & State | <u>-auderd</u> | iale FL | Pompai | no Bch. Fl | 5. FEI Numbe | 65-0122675 Applied | |
| 333 | 11 Bro | Sward | 33064 | Broward | 6. | S8.75 Additional Fee for a Certificate of | |
| Name Name Name Name Name Name Name Name | | | | | | | |
| Signature o Registered | Date 11/211 29,05 | | | | | | |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | | | | | |
| Titles | Officers and/or Directors | | | Street Address of Each Officer and/or Director | | City / State / Zip | |
| | Mack, D | arnell | <u></u> 6 | BONE. 40th S | | Hompano Bch. Fl. 33 | 3064 |
| Ð | Mack, Ele | aine | <u>lo</u> | 30 N.E. 40th | <u> </u> | Pompano Bch. Fl.3 | 3041 |
| D | Dennis, 1 | Betty | 5 | 97 NEODI ZINTP | street | Pompano Bch. FL 3306 | Ė |
| D | Wilson, Jennifer | | 2 | 2080 N.E. 1st AVE | | Pompano Bch. Fl.3 | 301 |
| D | Mobley, | Sally | Į4 | 128 N.W. 6th A | VE. | Ft. Lauderdale, FL 33 | 311 |
| \mathcal{G} | Patrica + | <i>larris</i> | 6 | 983 N.W. 194 | th street | Margate FL 3306 | 3 |
| 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AGAPE COMMUNITY DEVELOPMENT 2230 NW 22ND ST FT LAUDERDALE, FL 33311

Request taken by: troberts 03-22-2005

The forms you recently requested from this office are:

(1) 203. Reinstatement (Corp)

Should you have any questions or need any further information, please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314