

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUL 27 AM 11:11

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # ND2000009566

1. Corporation Name

Innovative Agape Ministries, Inc.

2. Principal Office Address

1415 South Adams

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

Country

3. Mailing Office Address

P.O. Box 20304

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

Country

32316 USA

REINSTATEMENT

07/04

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

Applied For ☒

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

~~Annette Jackson~~ Vivian Wilson

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

~~631 Steele Dr~~ 2316 Brynmahr Drive

Suite, Apt. #, Etc.

Tallahassee, FL 32312 Tallahassee, FL

City

Tallahassee, FL 32312

State

FL

Zip Code

32302

32303

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 7/27/07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>AI</u> Financial Secretary	Annette Jackson	631 Steele Dr.	Tallahassee, FL 32312
Member	Joni Wilson	7180 Bradfordville Road	Tallahassee, FL 32309
member	Jereme Wilson	13809 Herronwoodway #33	Ft. Myers, FL 33919

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08/17/04--01076--010 **122.50

100040262991
08/17/04--01076--011 **8.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

7/27/07 385-6331

Date

Daytime Phone #

CR2E081 (07/04)

67

2012

7/28/04

Division of Corporations -

Please let this serve as my official
notification that I mailed the Corporation
form and check # 1100 in the amount of
\$61²⁵ in early October of 2003.

As I stated to the attendant, I
did not receive a canceled check.

Thank you very much.

Sincerely,

Dwile