PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 FEB 22 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000008459

1. Corporation Name

BNF AGAPE DREAM CENTER, INC

01-10

REINSTATEMENT

600170229756
02/23/10--01020--006 **245.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
967 SHOTGUN ROAD	967 SHOTGUN ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SUNRISE, FL	City & State: SUNRISE, FL
Zip: 33326-1964 Country: USA	Zip: 33326-1964 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/30/2003

5. FEI Number: 20-0265297 ☐ 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: JOSE L, CARRERO

Street Address (P.O. Box Number is Not Acceptable): 14521 SW 24 ST

Suite, Apt. #, Etc.:

City: Davie State: FL Zip Code: 33325

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Jose Luis Carrero Date: 2/18/10
REGISTERED AGENT MUST SIGN

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
DP	VIRGILIO SIERRA	5229 SW 117 AVENUE	COOPER CITY, FL 33330
DT	JOSE L, CARRERO	14521 SW 24 Street	Davie, FL 33325
DS	CESAR PRADA	1021 SW 127 TERRACE	DAVIE, FL 33325
			M. MILLIGAN EXAMINER
			FEB 23 2010

10. **E-mail Address:** pastormari@bnfchurch.com
(To be used for future annual report notification)

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. I further certify, 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: Jose Luis Carrero 2/18/10 954-851-3443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #