PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 MAR -8 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07000007633

1. Corporation Name

AGAPE YOUTH DEVELOPMENT INC.

02/19/10 01011 026 $35.00
400171395084
03/08/10--01005--001 **148.75

REINSTATEMENT (Reinstatement) 08-10

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2601 UNIVERSITY BLVD N.	2601 UNIVERSITY BLVD N
Suite, Apt. #, etc. A101	Suite, Apt. #, etc A101
City & State JACKSONVILLE	City & State JACKSONVILLE
Zip 32211 Country U.S.A.	Zip 32211 Country U.S.A

4. Date Incorporated or Qualified To Do Business in Florida 8/7/07

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 JOSEPH CHITI

Street Address (P.O. Box Number is Not Acceptable) 2601 UNIVERSITY BLVD NORTH

Suite, Apt. #, Etc A101

City JACKSONVILLE State FL Zip Code 32211

☑ 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 _____ Date 3/1/10

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
P	JOSEPH CHITI	2601 UNIVERSITY BLVD N. STE. A101	JACKSONVILLE FL. 32211
D	BUPE CHITI	2601 UNIVERSITY BLVD N. STE. A101	JACKSONVILLE FL. 32211
D	SUSAN CAGAANAN	2601 UNIVERSITY BLVD N STE. A101	JACKSONVILLE FL. 32211

10. **E-mail Address:** joechiti1097@yahoo.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: _____ JOSEPH CHITI 3/1/10 904-449-1007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #