PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 02 OBR

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV -6 PM 1:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA
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11/06/02--01127--005 **61.25

DOCUMENT # N28940

1. Corporation Name

AGAPE WORSHIP CENTER, INC.

Principal Place of Business	Mailing Address
2230 N.W. 22ND ST. FT. LAUDERDALE FL 33311 US	DARNEL MACK 630 NE 40TH STREET POMPANO BEACH FL 33064 US

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/20/1988

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	MACK, DARNEL	630 NE 40TH STREET	POMPANO BEACH FL
DV	HARRIS, JAMES	2910 N.W. 25TH STREET	FT. LAUDERDALE FL
DS	MOBLEY, SALLY	1428 NW 6TH AVE	FT. LAUDERDALE FL
DS	WILSON, JENNIFER	3821 N.W. 21 STREET #110	LAUDERDALE FL 33311
DT	MACK, ELAINE	630 NE 40TH ST	POMPANO BEACH FL
D	GILES, AMOS	624 NW 20TH CT	POMPANO BEACH FL

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MACK, DARNEL 630 NE 40TH STREET POMPANO BEACH FL 33064	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/02)

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: Darnel SIGNATURE REQUIRED Date: Oct 28. 02

REGISTERED AGENT MUST SIGN

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: Darnel SIGNATURE REQUIRED Oct 28. 02

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

Agape Worship Center
2230 N.W. 22nd Street
Fort Lauderdale, Florida 33311
(954) 730-8775
Overseer: Bishop Darnell & Elaine 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

Darnell Mack
President of Agape Worship Center Inc.