

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUN 27 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N28940

1. Corporation Name

AGAPE WORSHIP CENTER, INC.

2. Principal Office Address

2230 N.W. 22nd st.

Suite, Apt. #, etc.

3. Mailing Office Address

630 N.E. 40th street

Suite, Apt. #, etc.

City & State

Fl. Lauderdale FL.

Zip

33311

Country

Broward

City & State

Pompano Bch. FL.

Zip

33311

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

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. Name and Address of Current Registered Agent

Name

Mack, Darnell

700057346307
07/12/05--01039--003 **297.50

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

630 N.E. 40th Street

Suite, Apt. #, Etc.

City

Pompano Beach FL

State

FL

Zip Code

33064

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

Darnell Mack

REGISTERED AGENT MUST SIGN

Date

March 29, 05

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	Mack, Darnell	630 N.E. 40th street	Pompano Bch. FL 33064
DV	Mack, Elaine	630 N.E. 40th street	Pompano Bch. FL 33064
DS	Mobley, Sally	1428 N.W. 6th AVE.	Fl. Lauderdale, FL 33311
DS	Wilson, Jennifer	2080 N.E. 1st AVE.	Pompano Bch. FL 33064
DT	Patricia Harris	6983 N.W. 19th street	Margate, FL 33063
D	Giles, Amos	624 N.W. 20th Ct.	Pompano Bch. FL 33060

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:

Darnell Mack

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

March 29, 05

Daytime Phone #

AGAPE WORSHIP CENTER INC
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