

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 AUG 11 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N41302

1. Corporation Name

AGAPE ACADEMIC ENRICHMENT CENTER, INC.

Principal Place of Business

Mailing Address

**245 N. W. 8th Street
Miami, FL 33136**

600002266896--0
-08/14/97--01052--005
****542.50 ****542.50

REINSTATEMENT 92-97

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

2. New Principal Office Address, If Applicable
245 N.W. 8th ST.

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0200678

Applied For

Not Applicable

City & State

Miami, FL 33136

City & State

Zip

Country

Zip

Country

33136

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	White, John F. (Rev.)	20507 N.E. 9th Place	Miami, FL 33179
D	Godfrey, Alberta	1054 N.W. 38th St.	Miami, FL 33147
D	Searcy, Fannye	840 N.W. 83rd Terr	Miami, FL 33147
D	Carter, Aubrey	1250 S.W. 19 Terr	Miami, FL 33145
D	Galvin, John	12150 N.W. 5th Ave.	Miami, FL 33168

8. Name and Address of Current Registered Agent

**Nash, Carol
1860 N.E. 142nd St.
N. Miami, FL 33181**

9. Name and Address of New Registered Agent

Name
Rev. John F. White
Street Address (P.O. Box Number is Not Acceptable)
20507 N. E. 9th Place
Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33179

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.

Signature of
Registered Agent

John F. White
REGISTERED AGENT MUST SIGN

Date **78/7/97**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

John F. White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/97
Date

(305) 371-9102
Daytime Phone #

CR2E040 (1/96)