

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

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**DOCUMENT # N41302**

1. Corporation Name  
**AGAPE ACADEMIC ENRICHMENT CENTER, INC.**

Principal Place of Business 245 N.W. 8TH STREET MIAMI FL 33136	Mailing Address 245 N.W. 8TH STREET MIAMI FL 33136
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.



**REINSTATEMENT 00**

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country
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4. Date Incorporated or Qualified To Do Business in Florida <b>12/13/1990</b>
5. FEI Number <b>65-0200678</b>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
D	WHITE, JOHN (REV)	20507 N.E. 9TH PLACE	MIAMI FL 33179
D	GODFREY, ALBERTA	1054 N.W. 38TH STREET	MIAMI FL 33147
D	SEARCY, FANNYE	840 N.W. 83RD TERRACE	MIAMI FL 33147
D	CARTER, AUBREY	1250 S.W. 19 TERRACE	MIAMI FL 33145
D	GALVIN, JOHN	12150 N.W. 5TH AVENUE	MIAMI FL 33168

8. Name and Address of Current Registered Agent

**WHITE, JOHN F REV.**  
**20507 N.E. 9TH PLACE**  
**MIAMI FL 33179**

9. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**3065 S.W. 189th Ave.**  
 Suite, Apt. #, Etc.  
**Phinamer** State **FL** Zip Code **33029**

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 **10/17/2000**

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: \* *Alberta W. Godfrey* **Alberta W. Godfrey** Date **10/17/2000** Daytime Phone # **305 371-9102**

CR2EM40 (8/00)