

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

00 OCT 20 PM 12:14

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

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

**REINSTATEMENT**

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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

4. Date Incorporated or Qualified  
To Do Business in Florida

12/13/1990

5. FEI Number

65-0200678

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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
			700003447740-4 -11/01/00-01111/019 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

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

305 371-9102  
Daytime Phone #

CR2E040 (8/00)