

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 MAR 20 AM 8:59

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.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 02-03



000010143720
03/20/03--01056--003 **122.50

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 GADDIS, DWAYNE K	20507 N.E. 9TH PLACE 175 NE 203rd Terrace	MIAMI FL 33179 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
			000010143720 01/16/03--01016--008 **175.00

8. Name and Address of Current Registered Agent

WHITE, JOHN F REV.
3066 S.W. 189TH AVE
MIRAMAR FL 33029

9. Name and Address of New Registered Agent

Name

Rev. Dwayne K. Gaddis

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

175 NE 203rd Terrace

Suite, Apt. #, Etc.

B-32

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

12/13/02

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dwayne K. Gaddis

Date

02/08/03
305-371-9102
Daytime Phone #