

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # NA1600000041321

1. Corporation Name AGAPE COUNSEL CENTER INC.

Principal Place of Business 2170 COURT 12 ST JACKSONVILLE FL 32205
 Mailing Address 1706 ART MUSEUM DR # 3 JACKSONVILLE FL 32201

REINSTATEMENT 97-99

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
 5. FEI Number 59-3360443
 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	State	City	Zip
Dir.	<u>DOMINA F. JOHNSON</u>	<u>2165 W 12TH ST #10</u>	<u>FL</u>	<u>JACKSONVILLE</u>	<u>32209</u>
Dir.	<u>HELEN J. CONYERS</u>	<u>1531 N. Liberty St.</u>	<u>FL</u>	<u>JACKSONVILLE</u>	<u>32206</u>
Dir.	<u>TELILIAH CLARK</u>	<u>1323 E 23RD ST #E-3</u>	<u>FL</u>	<u>JACKSONVILLE</u>	<u>32216</u>
Dir.	<u>MARTINEZ HAYES</u>	<u>1706 ART MUSEUM DR</u>	<u>FL</u>	<u>JACKSONVILLE</u>	<u>32207</u>
Dir.	<u>FAYE JOHNSON</u>	<u>651-IVY ST</u>	<u>FL</u>	<u>JACKSONVILLE</u>	<u>32206</u>
Dir.	<u>Ronald Sanders</u>	<u>2165 W 12TH ST #10</u>	<u>FL</u>	<u>JACKSONVILLE</u>	<u>32206</u>

8. Name and Address of Current Registered Agent
1706 ART MUSEUM DR
MARTINEZ HAYES
1706 ART MUSEUM DR # E-3
JACKSONVILLE FL 32207

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt #, Etc.
 City
 State FL Zip Code

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 Martinez Hayes
 REGISTERED AGENT MUST SIGN

Date 4-12-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No

(See other side for information on intangible tax) 904-70-99

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: Martinez Hayes
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-99
 Daytime Phone # 904 399-1639

CR2E09 11/2/98