

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN -7 PM 12:55

DOCUMENT # N96000000434

1. Corporation Name

Aqape outreach center Inc.

2. Principal Office Address

8724 Lone Star RD.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

Zip

32277

Country

DUVAL

3. Mailing Office Address

3203 Rogero RD

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

Zip

32277

Country

DUVAL

4. Date Incorporated or Qualified
To Do Business in Florida

JANUARY 22 1997

5. FEI Number

59-3360-443

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Martinez Hayes

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

3203 Rogero RD

Suite, Apt. #, Etc.

800004435568--5

06/21/01-01083-026

***131.25 *** 131.25

City

JACKSONVILLE

State

FL

Zip Code

32277

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Martinez Hayes

REGISTERED AGENT MUST SIGN

Date

7-4-01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|-------------------------|
| Pastor | Martinez Hayes | 3203 Rogero Rd | JACKSONVILLE FL 32277 |
| D | Sheila P. Sanford | 87 Donner Rd | Atlantic Beach FL 32233 |
| D | Armisha Bartley | 843 Alderman Rd # 371 | JACKSONVILLE FL 32211 |
| D | Kimberly S. Hayes | 3203 Rogero Rd | JACKSONVILLE FL 32277 |
| | | | |
| | | | |

10. 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)(f), 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

Date

7-4-01 (904) 745-7750

Daytime Phone #

CR20081 (01/00)