

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 8:13

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # N96000000434**

1. Corporation Name

**AGAPE OUTREACH CENTER INC.**

Principal Place of Business

Mailing Address

7557 ARLINGTON EXPWY  
JACKSONVILLE FL 32277

3203 ROGERO RD  
JACKSONVILLE FL 32277

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

01/22/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3360443

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CP	HAYES, MARTINEZ	3203 ROGERO RD	JACKSONVILLE FL 32277
D	SANFORD, SHEILA P	87 DONNER RD	ATLANTIC BEACH FL 32233
D	BARTLEY, ARMISHA	843 ALDERMAN RD #371	JACKSONVILLE FL 32211
D	HAYES, KIMBERLY S	3203 ROGERO RD	JACKSONVILLE FL 32277

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10/21/03--01071--016 \*\*236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HAYES, MARTINEZ  
3203 ROGERO RD  
JACKSONVILLE FL 32277

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. or 617.0505, F.S.

Signature of Registered Agent

*Martinez Hayes*  
REGISTERED AGENT MUST SIGN

Date

10/14/03

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:

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

10/14/03  
Date

904-962-1554  
Daytime Phone #

CR20040 (7/03)