PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.							
APPLICATION FLORID			A DEPARTMENT OF STATE		APPROVED		
FOR .			Katherine Harris			AND	
DEINISTATEMENT			Secretary of State			FILLD	
DOCUMENT # 1 10 10 10 240 CORPORATIONS					99 AUG 20 PM 3: 07		
1. Corporation Name						de Mildre Parenten a Mail de Lean de	January State of Stat
HEART TO HEART INC					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
AGAPE FOUNDATION OF NORTHEAST FLORIDA, INC.						MILANIAGOLL, 1	COMON
Principal Place of Business Mailing Address							
6214 TOYOTA DRIVE POBOY 14188 TACKSON VILLE FL 32244 TACKTON VILLE FL							
TACKION VILLE EL 32244 TACKIONVELLE FL							
]						<b>STATEMEN</b>	Taga
	dresses are incorrect in any way, line thr				REINSTATEMENT 08_00		
2 New Principal Office Address, If Applicable 3. New Mail			ing Office Address, If Applicable 4		Date Incorp:     To Do Busin	orated or Qualified	11. 1997
Suite, Apt #, etc Suite, Apt. #			etc.		To Do Business in Florida June 14, 1997		
City & State		City & State			5. FEI Number Applied For Not Applied For Not Applied For		
			-		6.	1 1 1 30	Not Applicable
Zip	Country	Zip	Country	<i>'</i>	CERTIFICATE		5. Additional Lie required. La Cest to all of 5d days
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		Str	et Address of Each	1	City / Sta	te / 7in
1	2		3 (Do NOT U	e Post Office Box N	lumbers)	4 CRy / Sta	10 / Zip
D	D ROBIN MCKINNOW			. COUNTR	y Bend Creck	JAX FL	32244
D George Schleifer 9360 CRAHEN # 1105 JAV FL 32257							
P/D Richard Bernaed			6274 TOYOTA DE		٧	JAK FL	32244
VP/IS	ROYSTARR	1105 Colombo ST			WAX FX	32109	
S/D	JONATHAN HIOTT		1108 SummerchaseDR		GAX FL	32259	
T/D	DEBRA C. Cloud 6274			OYOTA	DR	UAX FL	32244
Re Name and Address Melevice Registered Agent 2 40 Cedac Shame and Address Melevice Registered Affent - 32207							
RON BROWN - TI Name RICHARD J BERNARD							
Street Address (P.O. Box Number is Not Acceptable)  627470407A  Suite. Apt. 4. Etc.							
Suite, Apt. #, Etc.							
City JAX State Zip Code FL 3.7.244							
10. I, being a	appointed the registered agent of the abo	ve named corpo	oration, am familiar w	Ih and accept the ol	bligations of Section	on 607.0505, F.S.	
Signature of Registered Agent Agent Must sign  Date July 28 /999							
11. This corporation owes the current year (See other structure)							
Intangible Personal Property Tax due June 30. Yes No 2 on imediate							
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 eath.							
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SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Design Phone #							
						U	