PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE

Katherine Harris **APPLICATION** Katherine Harris FOR. FILED SECRETARY OF STATE DIVISION OF CORPORATIONS Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # N98000006457 99 NOV - 1 PM 4:35 Community HEALTH CORP. AGAPE Principal Place of Business Mailing Address 22980 Lynx Court Sorrento, FL. 32776 If above addresses are incorrect in any way, line through incorrect information and enter correction below. Date incorporated or Qualified
 To Do Business in Florida Nov. 9th 1998 2 New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable P.D. Box 433 Suite, Apt. #, etc. Suite. Apt #, etc 5. FEI Number Applied For City & State Sorrento City & State 223615490 Not Applicable \$8.75. Addition of eep quies Country CERTIFICATE OF STATUS DESIRED 32776 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors City / State / Zip Title(s) CHAIR PERSON 22980 Lynx Court Avanna Wilson Sorrento, 76 32776 VICE CHAIR 5919 Tinto Lane ORLANOU H. 32822 Ronald Mitchell PERSON Member Johnny Mae Anderson 2490 Central St. Ocore, FL. 34787 <del>300003043303</del> -11/12/99--01103--027 \*\*\*\*\*61.25 \*\*\*\*\*61.25 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent PATRICIA WILSON Street Address (P.O. Box Number is Not Acceptable) 22980 Lynx Court Suite, Apt. #, Etc. Sorrento 76 32776 State 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 Fatricia Wilson REGISTERED AGENT MUST SIGN Dale 10 15 99 11. This corporation owes the current year (See other side for information on intangible tax.) Yes No 🗵 Intangible Personal Property Tax due June 30. 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. lyanna Wilson 352 385 3905 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Agape Community Health Corporation

P.O. Box 433 Sorrento, Florida 32776 (352) 385-3905 (352) 385-3906 Fax Email: anw4jc@aol.com

Ayanna Wilson Chairperson of the Board

October 22, 1999

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: EIN# 22-361-5490

To whom this may concern:

I was extremely surprised to receive a letter stating that Agape Community Health Corporation was dissolved since the Department of State did not receive our annual report. I never received a notice about an annual report. This is a new corporation and the first one that I have ever been involved in at this level. I, therefore, was unaware that I had to send the Department of State an annual report. Additionally, I have not done any business with this corporation during its first year. I would never intentionally refuse to send the Department of State an annual report.

When I received the letter, I promptly called your office to clarify this issue. The officer that I spoke with instructed me to request an annual report be sent to me and to write you this letter. Please accept my deepest apologies for the occurrence of this matter. I have enclosed a check for \$61.25. Thank you for your time.

Sincerely.

Ayanna Wilson

Chairperson of the Board