

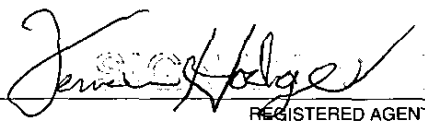
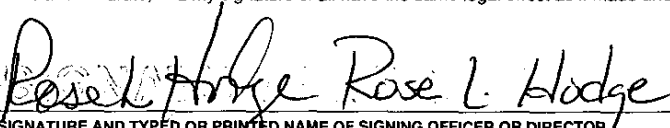


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000062165		FILED 03 DEC 15 PM 12:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT 2003  300025485992 12/15/03--01011--017 **758.75	
1. Corporation Name AGAPE EDUCATIONAL ENTERPRISES, INC. 209 North Main Street Lake Placid FL		Principal Place of Business 361 E. INTERLAKE BLVD. LAKE PLACID FL 33852 209 North Main Street LAKE PLACID FL 33852 P.O. Box	
2. New Principal Office Address, if Applicable 209 North Main Street Suite, Apt. #, etc. Lake Placid FL		3. New Mailing Office Address, if Applicable P.O. Box 1598 Suite, Apt. #, etc. Lake Placid FL	
City & State Lake Placid FL		City & State Lake Placid FL	
Zip 33852 Country US		Zip 33862 Country US	
4. Date Incorporated or Qualified To Do Business in Florida 06/05/2002		5. FEI Number Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$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	City / State / Zip
P	JOHNSON, CHRISTENE C RN	443 KEOS AVE. N.E.	LAKE PLACID FL 33852
V	SHOLTZ, SARAH J RN	1116 BRECKINRIDGE AVE	LAKE PLACID FL 33852
P	HODGE, ROSE L RN	4105 W. ATLANTIC BLVD APT #30	COCONUT CREEK FL 33066
V	Evelyn Taylor RN	12905 NW 16 Ave	North Miami FL 33167
8. Name and Address of Current Registered Agent HODGE, VERNON D. 1225 ASTOR COMMONS PL, #103 BRANDON FL 33511			
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City 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. or 617.0505, F.S. Signature of Registered Agent  Date 12/8/03 REGISTERED AGENT MUST SIGN			
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:  12/8/03 954-753-3961 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			