

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF REVENUE
Secretary of State
DIVISION OF CORPORATIONS



98-99AR

DOCUMENT # P95000075041

1. Corporation Name

AGAPE' ENTERPRISES, INC.

Principal Place of Business

Mailing Address

655 SLOTE DR
APOPKA FL 32712

655 SLOTE DR
APOPKA FL 32712

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

PO BOX 1057
CELLWOOD FL
32798 USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/25/1995

5. FEI Number

59-3345899

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPST	FELDER, HERBERT L JR	655 SLOTE DR	APOPKA FL 32712

4000002793004--5
-03/03/99--01034--008
****300.00 ****300.00

2/8/99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FELDER, HERBERT L JR
655 SLOTE DR
APOPKA FL 32712

Name

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

Suite, Apt. #, Etc.

City

State Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date 2/8/1999

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/99 407 889 9727

CR2E040 (9/98)