

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN -2 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000004748

1. Corporation Name

FAITH AND POWER WORSHIP CENTER, INC.

Principal Place of Business

453 WEATHERSFIELD AVE.
ALTAMONTE SPRINGS FL 32714

Mailing Address

453 WEATHERSFIELD AVE.
ALTAMONTE SPRINGS FL 32714

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/09/1999

5. FEI Number

59-3593172

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	4 City / State / Zip
PD	SHAW, MATTHEW J	453 WEATHERSFIELD AVE.	ALTAMONTE SPRINGS FL 32714
VD	SHAW, PAMELA B	453 WEATHERSFIELD AVE.	ALTAMONTE SPRINGS FL 32714
SD	BARBER, TIMOTHY D	453 WEATHERSFIELD AVE.	ALTAMONTE SPRINGS FL 32714
TD	SHAW, JEFFREY M	453 WEATHERSFIELD AVE.	ALTAMONTE SPRINGS FL 32714
D	SHAW, JOHN B	453 WEATHERSFIELD AVE.	ALTAMONTE SPRINGS FL 32714

8. Name and Address of Current Registered Agent

SHAW, MATTHEW J
453 WEATHERSFIELD AVE.
ALTAMONTE SPRINGS FL 32714

9. Name and Address of New Registered Agent

Name

Street Address (Post Office Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

500003532685-4

-01/11/01--01045--005

****236

State

FL

****236.25

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

Matthew J Shaw

REGISTERED AGENT MUST SIGN

Date 11-8-00

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:

Matthew J Shaw
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-8-00 (407) 786-3700

CR2E040 (8/00)