PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 95-97

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

97 JUL 16 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 739159

1. Corporation Name, Iglesia Cristiana Fuente de Poder y [illegible] de Dios

~~N97000003211~~

Principal Place of Business	Mailing Address
521 Belvedere Rd.	(P.O. Box 7004)
West Palm Beach, Florida 33405	

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
N/A	N/A
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-2367611 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Adelo Murphy 'D'	108 Sunflower Circle	Royal Palm Bch. FL. 33411
Treasurer	Jose Matos 'D'	5648 Albert Rd	WPB FL 33415
secretary	Varinia Prado 'D'	2340 Palmetto Rd	WPB FL 33406
	Lee Jara 'D'	3566 Cherokee Ave	WPB FL 33405
	Oscar Cortes 'D'	5855 DE Worwitt Place	Blake Worth FL
		REINSTATEMENT 95-97	

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent (date 7/16/97)

Name: Adelo Murphy

Street Address (P.O. Box Number is Not Acceptable): 108 Sunflower Circle

Suite, Apt. #, Etc.:

City: Royal Palm Bch | State: FL | Zip Code: 33405

-07/21/97--01092--002
****358.75 ****358.75

CR2E040 (12/96)

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: Adelo Murphy — REGISTERED AGENT MUST SIGN — Date: 5-19-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: ADELO MURPHY SR. Adelo Murphy — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 5-19-97 — Daytime Phone #