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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 OCT -2 AM 9: 22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *N02000008672*

1. Corporation Name

P.O.W.E.R. Ministries Worship Center, Inc.

2. Principal Office Address - No P.O. Box #

728 SW 81 AVE

Suite, Apt. #, etc.

15B

City & State

NORTH LAUDERDALE, FLORIDA

Zip

33068

Country

USA

3. Mailing Office Address

728 SW 81 AVE

Suite, Apt. #, etc.

15B

City & State

NORTH LAUDERDALE, FLORIDA

Zip

33068

Country

USA

**REINSTATEMENT 04-08**

4. Date Incorporated or Qualified  
To Do Business in Florida

11/12/02

5. FEI Number  
35-2194436

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ERIN KING

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

3460 NW 1st Court

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33311

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 08/22/08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
			03/26/08 01037 018
	PLEASE SEE ATTACHMENT		\$481.25

10. 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 contained in Chapter 119, 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Erin King

08/22/08

Date

954-708-5000

Daytime Phone #

20196