

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC 23 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000001868

1. Corporation Name

POWERPAK MINISTRIES, INC.

Principal Place of Business

Mailing Address

1621 ST JOHNS AVENUE
PALATKA FL 32177
US

P O BOX 2103
PALATKA FL 32178
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

04/08/1996

5. FEI Number

59-3384671

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED I

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	BALDWIN, LORRAINE	1621 ST JOHNS AVENUE	PALATKA FL 32177
VD	BALDWIN, SAMUEL JR	1621 ST JOHNS AVENUE	PALATKA FL 32177
TD	BENJAMIN, RUTH E	2113 GEARY STREET	PALATKA FL 32177
SD	PASSMORE, BERTHA	RT 4 BOX 1650, LOT #8	PALATKA FL
			300003090263--6 -01/06/00--01022--006 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

BALDWIN, LORRAINE P
1621 ST JOHNS AVENUE
PALATKA FL 32177

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

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.

Signature of
Registered Agent

Lorraine P Baldwin
REGISTERED AGENT MUST SIGN

Date 10-25-99

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:

Lorraine P Baldwin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-25-99 (904) 329-9463

KE