

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

**DOCUMENT # N96000003401**

1. Corporation Name

**EVANGELICAL POWER MINISTRY INC.**

Principal Place of Business

905 SECOND ST  
 W PALM BCH FL 33401  
 US

Mailing Address

2159 PORTLAND AVE  
 WELLINGTON FL 33414  
 US

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  
 USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country  
 USA

4. Date Incorporated or Qualified To Do Business in Florida

07/01/1996

5. FEI Number

65-0676973

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
PTD	LAFORTUNE, JEAN C	2159 PORTLAND AVE	WELLINGTON FL
VPD	LAFORTUNE, ASHLEY	2159 PORTLAND AVE	WELLINGTON FL
DS	LAFORTUNE, MIRIUM	2159 PORTLAND AVE	WELLINGTON FL
X	<del>_____</del>	<del>_____</del>	<del>_____</del>
X	<del>_____</del>	<del>_____</del>	<del>_____</del>
X	<del>_____</del>	<del>_____</del>	<del>_____</del>

8. Name and Address of Current Registered Agent

LAFORTUNE, JEAN C  
 2159 PORTLAND AVENUE  
 WELLINGTON FL 33414

9. Name and Address of New Registered Agent

Name LAFORTUNE, JEAN C. (REV.)  
 Street Address (P.O. Box Number is Not Acceptable)  
2159 PORTLAND AVE.  
 Suite, Apt. #, Etc. \_\_\_\_\_  
 City Wellington State FL Zip Code 33414

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

JEAN C. LAFORTUNE **SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN

Date 9-8-01

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:

JEAN C. LAFORTUNE **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 REV. JEAN C. LAFORTUNE

Date 9-8-01 Daytime Phone # 561-790-5542

358.75  
 dissolved 199  
 FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
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REINSTATEMENT 99-01

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