

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
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			
X			
X			

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

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REV. JEAN C. LAFORTUNE

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