

EPM 297.50
+ 8.75


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 SEP 29 PM 3:36

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003401

1. Corporation Name
EUANGELICAL POWER MINISTRY INC.

2. Principal Office Address
905-2nd ST.

3. Mailing Office Address
2159 Portland Av.

City & State
W. Palm Beach, Fl. Wellington, Fl

Zip
33401 Palm Bch 33414 Palm Bch

REINSTATEMENT

800023402818
09/29/03--01080--004 **306.25

4. Date Incorporated or Qualified To Do Business in Florida **9-24-99**

5. FEI Number **65-067-6973**

6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for Certificate of Status**

7. Name and Address of Current Registered Agent

Name
Rev Jean C. LaFortune

Street Address (P.O. Box Number is Not Acceptable)
2159 Portland Ave.

Suite, Apt. #, Etc.

City
Wellington

State
FL

Zip Code
33414

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]* Date **9/23/03**

REGISTERED AGENT MUST SIGN

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
P-D	Jean C. LaFortune	2159 Portland Ave Wellington 33414	Wellington, FL 33414
S-D	Miriam LaFortune	2159 Portland Ave	Wellington, FL 33414
T-D	Ashley LaFortune	2159 Portland Ave	Wellington, FL 33414

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 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]* PRESIDENT 9/24/03
Jean C. LaFortune (561) 541-4176

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)