

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 27 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000003972

1. Corporation Name

CHURCH OF POWER, INC.

Principal Place of Business

11911 US HWY 1  
#201  
NORTH PALM BEACH FL 33408

Mailing Address

P.O. BOX 30727  
PALM BEACH GARDENS FL 33420-0727



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

4. Date Incorporated or Qualified  
To Do Business in Florida

07/08/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0874128

Applied For

☒ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	BARRY, STEVEN	467 ORIOLE LN	JUPITER FL 33458
D	BARRY, GILLIAN	467 ORIOLE LN	JUNO BEACH FL 33408
T	CARTWRIGHT, THOMAS	10 PERRIWINKLE CIR.	STUART FL 34996

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ZIFRONY, MATTHEW  
110 SE 8TH STREET  
15TH FLOOR  
FORT LAUDERDALE FL 33301

BARRY, STEVEN

Name

STEVEN BARRY

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

467 ORIOLE LANE

Suite, Apt. #, Etc.

City

JUPITER

State

FL

Zip Code

33458

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE OF STEVEN BARRY

REGISTERED AGENT MUST SIGN

Date

11/20/02

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 OF STEVEN BARRY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/20/02



# Church of Power

Palm Beach Gardens

Pastor Steve & Gill Barry

November 20<sup>th</sup>, 2002

Dear Sir/Madam

As far as I am aware we did not receive prior UBR notices. The person in our organization who handled this is no longer with us. I humbly request that you waive the reinstatement fee. Please find enclosed check of \$61.25 for our Annual Fees.

Thank you for your assistance

Yours truly

Pastor Steve Barry