

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

*Page 1 of 2*

FILED

04 MAR -5 PM 1:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000003972**

1. Corporation Name

**CHURCH OF POWER, INC.**

Principal Place of Business

Mailing Address

11911 US HWY 1  
#201  
NORTH PALM BEACH FL 33408

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/08/1998

5. FEI Number

65-0874128

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<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director | 4<br>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         |
|               |                                           |                                                        |                         |
|               |                                           |                                                        |                         |
|               |                                           |                                                        |                         |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BARRY, STEVEN  
467 ORIOLE LANE  
JUPITER FL 33458

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

1/28/04

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/04 561 6306590

CR2E040 (7/03)



# Church of Power

*Palm Beach Gardens Pastor Steve & Gill Barry*

*Payer*

February 2<sup>nd</sup>, 2004

To Whom It May Concern:

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This letter is to confirm that I, Carlyn Carelse am the person responsible all incoming mail sent Church of Power's postal box. I have not received any mail of any form from your office until a few weeks ago when we received a notice of administration dissolution.

Yours sincerely,

*Carlyn Carelse*

Carlyn Carelse