

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 FEB 15 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 724275

1. Corporation Name

AMERICAN MESSIANIC MISSION
BETH YESHUA, INC.

2. Principal Office Address

364 PLAINFIELD AVE

Suite, Apt. #, etc.

City & State

FLORAL PARK, NY

Zip

11001

Country

U.S.A.

3. Mailing Office Address

1025 COUNTRY CLUB DR

Suite, Apt. #, etc.

APT 209-ORIOLE GOLF + TENNIS

City & State

MARGATE, FL

Zip

33063

Country

U.S.A.

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

Sept. 5, 1972

5. FEI Number

59-1430781

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SHEILA PALLOZZI

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

4986 SW 102 AVE

Suite, Apt. #, Etc.

City

COOPER CITY

400003802084

-03/06/01--01051--016

*****61.25 *****61.25

400003802084

-03/06/01--01051--017

*****245.00 *****245.00

State

FL

Zip Code

33328

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

Sheila K. Pallozzi
REGISTERED AGENT MUST SIGN

Date

Dec 22/00

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
PRES	MARTIN FROMM	217-03 64th AVE	BAYSIDE, N.Y. 11364
SEC	WILLIAM OBRIEN	174 HAMPTON AVE	MASTIC, N.Y. 11950
TREAS	JAMES HAZELDON	2914 EAGLE AVE	MEDFORD, N.Y. 11763
TRUSTEE	GEORGE SIEFERT	92 CENTRAL AVE	GARDEN CITY PARK NY 11040

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:

William O'Brien William O'Brien

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/20/00 (631)654-6957

Daytime Phone #

CR2E081 (9/99)