


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F03000006398		
1. Entity Name HOMELAND PROTECTION INSTITUTE, LTD., INCORPORATED		

Principal Place of Business 13873 PARK CENTER ROAD, SUITE 500 HERNDON, VA 20171	Mailing Address 13873 PARK CENTER ROAD, SUITE 500 HERNDON, VA 20171
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
05 OCT 14 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10052005 REIN-NP CR2E099 (6/04)

4. FEI Number 01-0735797		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 32301-2960		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Mark Schiff mark Schiff, AUP Business Filings Incorporated 10-7-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ARMSTRONG, DOUGLAS W 13873 PARK CENTER ROAD, SUITE 500 HERNDON, VA 20171 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300060628373 10/14/05--01056--014 **245.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEES, ROBERT 5335 WISCONSIN AVENUE NW WASHINGTON, DC 20015 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOCCHICHIO, ANTHONY 10771 HAWKS VISTA STREET PLANTATION, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST POWELL, DAVID 13873 PARK CENTER ROAD, SUITE 500 HERNDON, VA 20171 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Powell, David 13873 Park Center Rd., Suite 500 Herndon, VA 20171 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEIDER, RICHARD 158 HARMON DRIVE NORTHFIELD, VT 05663 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Connaughton, Sean 1 County Complex Court Prince William, VA 22192 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Knodt</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Knodt, Patricia L 13873 Park Center Rd., Suite 500 Herndon, VA 20171 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia L. Knodt Patricia L. Knodt Sec/Treasurer October 5, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #