


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **F95000000689**

1. Corporation Name
THE ASSOCIATION OF MESSIANIC BELIEVERS, INC.

Principal Place of Business 3190 GULF-TO-BAY BLVD CLEARWATER FL 34619	Mailing Address 3190 GULF-TO-BAY BLVD CLEARWATER FL 34619
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

FILED
01 NOV 14 PM 4: 27
SECRETARY OF STATE
TALLAHASSEE FLORIDA



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

4. Date Incorporated or Qualified To Do Business in Florida 02/14/1995	
5. FEI Number 76-0378958	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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
PD	FISCHER, JOHN DR	3190 GULF-TO-BAY BOULEVARD	CLEARWATER FL 34619
VPD	STOKES, BRUCE DR	5455 GARDEN GROVE BLVD SUITE 144	WESTMINSTER CA 92683
SD	ADLER, JEFFREY Sessa, Barbara	1929 W. 36TH STREET, SUITE 8 1110 Bedford Ave	INDIANAPOLIS IN 46280 Norfolk, VA 23508
TD	KOTTING, MARGY Friedman, David Dr	1354 ABBEYHILL DR 231 Main St.	WORTHINGTON OH 43085 Cherry Valley, MA 01611
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8. Name and Address of Current Registered Agent

FISCHER, JOHN DR
3190 GULF-TO-BAY BLVD
CLEARWATER FL 34619

9. Name and Address of New Registered Agent

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.

Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED** Date 10/25/01
REGISTERED AGENT MUST SIGN

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]* **SIGNATURE REQUIRED** Dr. John Fischer Date 10/25/01 (727) 726-1472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/01)