


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F95000000689		
1. Entity Name THE ASSOCIATION OF MESSIANIC BELIEVERS, INC.		

FILED
05 OCT 10 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 3190 GULF-TO-BAY BLVD CLEARWATER, FL 33759-4505	Mailing Address 3190 GULF-TO-BAY BLVD CLEARWATER, FL 33759-4505
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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

09212005 REIN-NP CR2E099 (6/04)

4. FEI Number 76-0378958	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FISCHER, JOHN DR 3190 GULF-TO-BAY BLVD CLEARWATER, FL 34619		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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	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	PD FISCHER, JOHN DR 3190 GULF-TO-BAY BOULEVARD CLEARWATER, FL 337594505 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900060456539 10/10/05--01072--010 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STOKES, BRUCE DR 5455 GARDEN GROVE BLVD SUITE 144 WESTMINSTER, CA 92683 <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	SD SESSA, BARBARA 1110 BEDFORD AVE. NORFOLK, VA 23508 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sedaca, David <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 184 Prospect Park W. BSMT Brooklyn, NY 11215-7048
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RICHARDSON, SAM 71 N MAIN STREET WINDSOR LOCKS, CT 06096 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joc W/12 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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:  Dr. John Fischer 9/22/05 727-726-1472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #