



2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N01000005174 1. Entity Name ANOINTED VESSEL'S PRAYER MINISTRIES, INC.				FILED 06 AUG 11 PM 2: 58 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 19441 NW 53RD CT MIAMI, FL 33055		Mailing Address 19441 NW 53RD CT MIAMI, FL 33055		 REINSTATEMENT 05-06 08072006 REIN-NP 1CR2E099 (11/05)	
2. Principal Place of Business 2814 S.W. 130 TER. Suite, Apt. #, etc.		3. Mailing Address 2814 S.W. 130 TER. Suite, Apt. #, etc.			
City & State MIRAMAR, FL Zip 33027 Country U.S.		City & State MIRAMAR, FL Zip 33027 Country U.S.			
4. FEI Number APPLIED FOR 65-0848266		Applied For <input checked="" 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 MCBAYNE, KANDY 19441 NW 53RD CT MIAMI, FL 33055			7. Name and Address of New Registered Agent 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 <u>Kandy McBayne</u> 8/7/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCBAYNE, KANDY 19441 NW 53RD CT MIAMI, FL 33055	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2814 S.W. 130 TER. MIRAMAR, FL 33027	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, CALINDA 1541 NW 133RD ST MIAMI, FL 33167	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000078728070 08/15/06--01039--008 **122.50	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCBAYNE, TREVOR 21210 NW 29TH AVE MIAMI, FL 33056	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6365 TAFT ST., SUITE 3002 HOLLYWOOD, FL 33024	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8/11	<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	<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	<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 exemptions contained in Chapter 119, 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: <u>Kandy McBayne</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			8/7/06 (305) 213-6032 <small>Date Daytime Phone #</small>		