


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

06 FEB -8 PM 4:24

REINSTATEMENT
TALLAHASSEE, FLORIDA

05-04

DOCUMENT # N04000008309	
1. Entity Name ABUNDANT LIFE PRAISE FELLOWSHIP CHURCH, INC.	

Principal Place of Business 20 ACADEMY AVE OVIEDO, FL 32765	Mailing Address 20 ACADEMY AVE OVIEDO, FL 32765
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 621418 Suite, Apt. #, etc.
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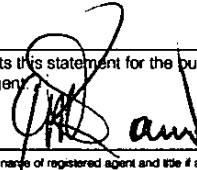
City & State OVIEDO FLORIDA	City & State OVIEDO FLORIDA
Zip 32762	Country USA

02032006 REIN-NP CR2E099 (11/05)

4. FEI Number 16-1708184	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SHAW, JOSEPH 20 ACADEMY AVE OVIEDO, FL 32765	7. Name and Address of New Registered Agent Name JOSEPH SHAW Street Address (P.O. Box Number is Not Acceptable) 936 COURTLAND BLVD City DELTONA FL Zip Code 32738
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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  am JOSEPH SHAW DATE 2/3/06

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	T DANIELS, LEWIS W 4346 HEIRLOOM ROSE PLACE OVIEDO, FL 32766 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200065566312 02/10/06--01019--019 **131.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHAW, JOSEPH 2846 PERCIVAL RD OVIEDO, FL 32826 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOSEPH SHAW <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 936 COURTLAND BLVD DELTONA FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POMMELLS, ERROL 1034 LONGBRANCH LANE OVIEDO, FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ERROL POMMELLS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1600 MURPHY STREET OVIEDO FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PERRY COOPER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2713 CHADSFORD CIRCLE OVIEDO FLORIDA 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MINNIE ALEXANDER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 330 REED RD OVIEDO FL 32765
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 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:  am JOSEPH SHAW DATE 2/3/06 4075096160
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