# 2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED**
**Sep 30, 2013**
**Secretary of State**

DOCUMENT# N02000004546

**Entity Name:** TRINITARIAN HANDMAIDS OF THE DIVINE WORD, INC.

**Current Principal Place of Business:**

12365 CASHEROS COVE DR, S
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

12365 CASHEROS COVE DR, S
JACKSONVILLE, FL 32225

**New Mailing Address:**

**FEI Number: 30-0093939** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

UY, VICENTE
12297 HINDMARSH CIRCLE
JACKSONVILLE, FL 32225 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: VICENTE UY

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: DP
Name: TAPALES, PATRICIA
Address: 12365 CASHEROS COVE DR, S
City-St-Zip: JACKSONVILLE, FL 32225

Title: DV
Name: OMAMALIN, GRACELA
Address: 12365 CASHEROS COVE DRIVE, S
City-St-Zip: JACKSONVILLE, FL 32225

Title: DST
Name: ADCAN, JOVELYN
Address: 12365 CASHEROS COVE DRIVE, S
City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SR. MA. PATRICIA O. TAPALES, THDW PRES 09/30/2013

Electronic Signature of Signing Officer or Director — Date