2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000009939

FILED Dec 08, 2004 Secretary of State

Entity Name: TABERNACLE OF SALVATION TABERNACLE DU SALUT CORP.

Current Principal Place of Business: New Principal Place of Business: 844 NW 101 STREET MIAMI, FL 33150 **Current Mailing Address: New Mailing Address:** 844 NW 101 STREET MIAMI, FL 33150 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DEMOSTHENE, GABRIEL PASTOR 844 NW 101 STREET MIAMI, FL 33150 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete DEMOSTHENE, GABRIEL PASTOR Name: Name: 844 NW 101 STREET Address: Address: City-St-Zip: MIAMI, FL 33150 City-St-Zip: Title: () Delete Title: (X) Change () Addition BLAISE, OLWITCHE Name: PETIT-HOMME, GARRY Name: Address: 1805 SANS SOUCI BLVD., #309 Address: 6438 N.E. 1ST PLACE City-St-Zip: MIAMI, FL 33181 City-St-Zip: MIAMI, FL 33138 Title: () Delete Title: (X) Change () Addition PETIT-HOMME, GARRY PETIT-HOMME, NAOMIE Name: Name: 6438 NE 1 PLACE 6438 NE 1 PLACE Address: Address: City-St-Zip: MIAMI, FL 33138 City-St-Zip: MIAMI, FL 33138 (X) Change () Addition Title: TD () Delete Title: TD EXCELLENT, MARIE Name: Name: VIRTYL, PHYSELLE 1805 SANS SOUCI BLVD. #309 13550 N.E. 10TH AVENUE, APT. #18 Address: Address: City-St-Zip: MIAMI, FL 33181 City-St-Zip: NORTH MIAMI, FL 33161 Title: Title: () Delete () Change () Addition CHARLESTIN DEMOSTHEN, NESLYNE N Name: Name: 844 NW 101 STREET Address: Address: City-St-Zip: MIAMI, FL 33150 City-St-Zip: Title: () Delete Title: () Change (X) Addition PETIT-HOMME, CAMY Name: Name: Address: Address: 6438 N.E. 1ST PLACE MIAMI, FL 33138 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: GABRIEL DEMOSTHENE MR. 12/08/2004