2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11012006 REIN-NP CR2E099 (11/05)

1. Entity Name
TEMPLO APOSENTO ALTO INC.

Principal Place of Business
15034 HILL RD
DADE CITY, FL 33525

Mailing Address
15034 HILL RD
DADE CITY, FL 33525

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number
20-3863595
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CASAREZ, EZEQUIEL
8115 23RD ST
ZEPHYRHILLS, FL 33540

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 Ezequiel Casarez
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE 11-16-06

FILE NOW!!! FEE IS $236.25
After January 1, 2007, Fee will be $257.50

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ROSALES, FRANCISCO 14603 19TH ST DADE CITY, FL 33523	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT ROSALES, MARIA 14603 19TH ST DADE CITY, FL 33523	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CASAREZ, EZEQUIEL R 8115 23RD ST ZEPHYRHILLS, FL 33540	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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2006 REINSTATEMENT

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: Ezequiel Casarez / Ezequiel Casarez 11-16-06 813-714-5598
SIGNATURE AND TYPED OR PRINTED NAME OF INCORPORATOR OR DIRECTOR — Date — Daytime Phone #