

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 02, 2009
Secretary of State

DOCUMENT# N05000011912

Entity Name: TEMPLO APOSENTO ALTO INC.

Current Principal Place of Business:

15034 HILL RD
DADE CITY, FL 33525

New Principal Place of Business:

Current Mailing Address:

15034 HILL RD
DADE CITY, FL 33525

New Mailing Address:

FEI Number: 20-3863595 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CASAREZ, EZEQUIEL
8115 23RD ST
ZEPHYRHILLS, FL 33540 US

Name and Address of New Registered Agent:

CASAREZ, EZEQUIEL P
8115 23RD ST
ZEPHYRHILLS, FL 33540 US

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: EZEQUIEL CASAREZ

10/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: SANCHEZ, DIANA
Address: 37837 HART CIRCLE
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: S () Delete
Name: CASAREZ, MARIA
Address: 8115 23 ST
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: S (X) Delete
Name: CASAREZ, EZEQUIEL R
Address: 8115 23RD ST
City-St-Zip: ZEPHYRHILLS, FL 33540

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: TREASURE DIANA SANCHEZ
Address: 37837 HART CIRCLE
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: S (X) Change () Addition
Name: SECRETARY MARIA CASAREZ
Address: 8115 23 ST
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: EZEQUIEL CASAREZ

P

10/02/2009

Electronic Signature of Signing Officer or Director

Date