2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000011574

Entity Name: SANTUARIO SAN LAZARO INC

FILED Oct 23, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7610 HILLSBOROUGH AVE TAMPA, FL 33615 **Current Mailing Address: New Mailing Address:** PO BOX 262166 TAMPA, FL 33685 US FEI Number: 26-1512313 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) 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: Name and Address of New Registered Agent: REGALADO, YULIANNIS 4529 W KNOLLWOOD ST TAMPA, FL 33614 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: YULIANNIS REGALADO Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DΡ () Change () Addition () Delete REGALADO, YULIANNIS Name: Name: 4529 W KNOLLWOOD ST Address: Address: City-St-Zip: TAMPA, FL 33614 US City-St-Zip: Title: () Delete Title: () Change () Addition FERNANDEZ, RAMON Name: Name: Address: 4529 W CLIFTON ST Address: City-St-Zip: TAMPA, FL 33614 US City-St-Zip: Title: () Delete Title: () Change () Addition RODON, MARITZA Name: Name: 4529 W CLIFTON ST Address: Address: City-St-Zip: TAMPA, FL 33614 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: ABREU, NIEVES J Name: 7926 WOODGROVE CIRCLE Address: Address: City-St-Zip: TAMPA, FL 33615 US City-St-Zip: Title: Title: () Delete () Change () Addition HERNANDEZ, VANESSA Name: Name: 6771 CAVALCADE DR Address: Address: City-St-Zip: TAMPA, FL 33614 US City-St-Zip: Title: () Delete Title: () Change () Addition HERNANDEZ, JANNY C Name: Name: Address: 7926 WOODGROVE CIR Address: TAMPA, FL 33615 US City-St-Zip: 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: YULIANNIS REGALADO D P 10/23/2008