

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N93000001007

**FILED**  
**Oct 18, 2005**  
**Secretary of State**

**Entity Name:** TABERNACLE BENEFIT SOCIETY, INC.

**Current Principal Place of Business:**

8017 NE 80 TERRACE  
MIAMI, FL 33138

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 380851  
MIAMI, FL 33138

**New Mailing Address:**

**FEI Number:** 65-0523657      **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:**

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

NEDD, KENNETH J  
1460 N.W. 196 TERRACE  
MIAMI, FL 33169 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: KENNETH J. NEDD

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: THOMAS, RONALD L  
Address: 14280 S.W. 41ST STREET  
City-St-Zip: MIRAMAR, FL 33027

Title: VD ( ) Delete  
Name: NEDD, KENNETH T  
Address: 1460 N.W. 196TH TERRACE  
City-St-Zip: MIAMI, FL 33169

Title: TD ( ) Delete  
Name: JAMES, COSMOS  
Address: 17630 N.W. 14TH PLACE  
City-St-Zip: MIAMI, FL 33169

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: KENNETH J. NEDD

VP

10/18/2005

Electronic Signature of Signing Officer or Director

Date