

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N93000004604

FILED
Oct 19, 2004
Secretary of State**Entity Name:** TABERNACLES SILOE, INC.**Current Principal Place of Business:**7525 LAKE UNDERHILL ST.
ORLANDO, FL 32807**New Principal Place of Business:**7525 LAKE UNDERHILL RD.
ORLANDO, FL 32807**Current Mailing Address:**7525 LAKE UNDERHILL ST.
ORLANDO, FL 32807**New Mailing Address:**7525 LAKE UNDERHILL RD.
ORLANDO, FL 32807**FEI Number:** 59-3225917 **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:**ILDEFONSO, MANUEL R
8449 FORT THOMAS WAY
ORLANDO, FL 32822 US**Name and Address of New Registered Agent:**ILDEFONSO, MANUEL A
8449 FORT THOMAS WAY
ORLANDO, FL 32822 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: MANUEL A ILDEFONSO

10/19/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: ILDEFONSO, MANUEL REV
Address: 8449 FT THOMAS WAY
City-St-Zip: ORLANDO, FL**Title:** SD () Delete
Name: AGUAYO, MINERVA
Address: 2805 DELCREST DR.
City-St-Zip: ORLANDO, FL 32817**Title:** TD () Delete
Name: VAZQUEZ, JOSE E
Address: 824 S PEDRO AVE
City-St-Zip: ORLANDO, FL 32807**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: ILDEFONSO, MANUEL A REV
Address: 8449 FT THOMAS WAY
City-St-Zip: ORLANDO, FL 32822 US**Title:** SD (X) Change () Addition
Name: AGUAYO, MINERVA
Address: 2805 DELCREST DR.
City-St-Zip: ORLANDO, FL 32817 US**Title:** TD (X) Change () Addition
Name: BONET, ANGELICA
Address: 8449 FORT THOMAS WAY
City-St-Zip: ORLANDO, FL 32807 US

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: MANUEL A. ILDEFONSO

PD

10/19/2004

Electronic Signature of Signing Officer or Director

Date