

# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 DEC -1 AM 8:00

DOCUMENT # N97000004081

1. Entity Name  
TABERNACLE REFUGE PROGRAM, INC.



Principal Place of Business  
3825 2ND AVE  
MIAMI, FL 33127

Mailing Address  
3825 2ND AVE  
MIAMI, FL 33127

REINSTATEMENT 04



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10262004 REIN-NP

CR2E099 (6/04)

MRD

City & State

City & State

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOSE, JWEAN S  
3825 2ND AVE  
MIAMI, FL 33127

Name Jose, Jean

Street Address (P.O. Box Number is Not Acceptable)

3825 NW 2nd Ave

City Miami FL

FL

Zip Code 33127

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 Jean S Jose 45 NE 68th Miami Fl 33138 11-3-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25  
After January 1, 2005, Fee will be \$297.50

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME JOSE, JEAN S  
STREET ADDRESS 45 NE 68TH ST  
CITY-ST-ZIP MIAMI, FL 33138

TITLE SD ☐ Delete  
NAME GIROL, JEAN LOUIS  
STREET ADDRESS 175 W 28TH STREET  
CITY-ST-ZIP RIVIERA BEACH, FL 33404

TITLE TD ☒ Delete  
NAME WILEM, JOSE  
STREET ADDRESS 9731 SW 14 STREET  
CITY-ST-ZIP PEMBROKE PINES, FL 33025

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME 100043223911  
STREET ADDRESS 12/07/04--01007--013 \*\*236.25  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☒ Change ☐ Addition  
NAME Jose, Wilem C.  
STREET ADDRESS 18900 NW 10th Ct.  
CITY-ST-ZIP Miami, FL 33169

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Jean S Jose 45 NE 68th Miami Fl 33138 11-3-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #