

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOSE, JEAN S
3825 NW 2ND AVE
MIAMI, FL 33127

Name

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

City

FL

Zip Code

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 33158 DATE 11-23-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$236.25
After January 1, 2006, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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

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

TITLE TD
NAME JOSE, WILEM C
STREET ADDRESS 18900 NW 10TH CT
CITY-ST-ZIP MIAMI, FL 33169 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
REINSTATEMENT 05

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
T. Roberts NOV 30 2005

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800061732748
11/28/05--01061--021 **236.25

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

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

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 33158 DATE 11-23-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

FILED
05 NOV 28 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11042005 REIN-NP CR2E099 (6/04)

4. FEI Number
NOT APPLICABLE
Applied For
Not Applicable

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