

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000001209

FILED  
Dec 06, 2006  
Secretary of State

Entity Name: THE CAVE OF ADULLAM, INC.

**Current Principal Place of Business:**

13295 SW 34TH STREET  
MIAMI, FL 33175

**New Principal Place of Business:**

**Current Mailing Address:**

13295 SW 34TH STREET  
MIAMI, FL 33175

**New Mailing Address:**

FEI Number: 65-0904007      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:**

SANCHEZ, JUAN CARLOS  
13295 SW 34TH STREET  
MIAMI, FL 33175      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: JUAN SANCHEZ

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: SANCHEZ, JUAN CARLOS  
Address: 13295 SW 34TH STREET  
City-St-Zip: MIAMI, FL 33175

Title: VPD      ( ) Delete  
Name: HERNANDEZ, ALBERTO R  
Address: 14570 SW 51 STREET  
City-St-Zip: MIAMI, FL 33175

Title: S      ( ) Delete  
Name: GONZALEZ, CIRA  
Address: 12773 S.W. 45TH TERRACE  
City-St-Zip: MIAMI, FL 33175

**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 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: CIRA GONZALEZ

S

12/06/2006

Electronic Signature of Signing Officer or Director

Date