

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092

~~APPLICATION FOR REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR -3 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 703555

1. Corporation Name

CUBAN-HEBREW CONGREGATION OF MIAMI, INC.

2002-2003
1 BR

02-03

Principal Place of Business

Mailing Address

1700 MICHIGAN AVE.
MIAMI BEACH FL 33139

1700 MICHIGAN AVE.
MIAMI BEACH FL 33139



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

02-1702 90020 034 #61.25

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/05/1962	
City & State		City & State		5. FEI Number	
Zip		Country		59-6166265	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	GLINSKY, MICHAEL	1700 MICHIGAN AVE	MIAMI BEACH FL 33139
VD	FABIO, NICK	1700 MICHIGAN AVENUE	MIAMI BEACH FL 33139
SD	FRIEDMAN, HARVEY D	1700 MICHIGAN AVENUE	MIAMI BEACH FL 33139
TD	KERBEL, MARCOS	1700 MICHIGAN AVE	MIAMI BEACH FL 33139

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04/03/03 01025 003 **61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STABINSKI, LUIS 757 N.W. 27TH AVENUE MIAMI FL 33125	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State FL
		Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent _____ **SIGNATURE REQUIRED** _____ Date 3-4-03

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____, Pres. 2/19/03 305 5347213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (9/02)



20f2

TEMPLE BETH SHMUEL - CUBAN HEBREW CONGREGATION

1700 Michigan Avenue. Miami Beach. FL 33139

Ph: (305) 534-7213 / Fax: (305) 534-5143 / e-mail: betshmuel@bellsouth.net

DOW ROZENCWAIG
RABBI EMERITUS

HECTOR EPELBAUM
RABBI

MOSHE BURYN
CANTOR

MICKY GLINSKY
PRESIDENT

February 25, 2003

Florida Department of State
Division of Corporations

Re: Application for Reinstatement.

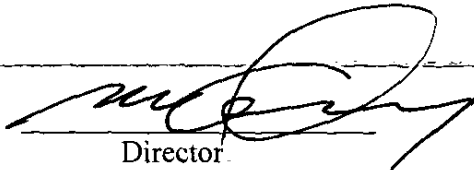
Gentlemen:

Please find enclosed the following:

- 1) Document 703555. Application for reinstatement signed on 2/19/03
- 2) Copy of the document filed on January 31/02 and returned to us because we failed to show that our two Vice-Presidents were also Directors.
- 3) Copy of our check (front) # 3557 for \$ 61.25 dated 2/1/02 mailed with the application in 2002.
- 4) Copy of the back of same check.

As I indicated by the lady that answered the phone when I called for information, we did not receive any prior uniform business reports notices, this is the first one, and it took some time until we found out the reason for the cancellation.

We sincerely appreciate your assistance and understanding on this matter.



Director