


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
11 FEB 23 PM 4:32

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715844

1. Corporation Name
TEMPLE BETH EL OF NORTH BAY VILLAGE, INC.

2. Principal Office Address - No P.O. Box # 7800 Hispanola Avenue		3. Mailing Office Address 7800 Hispanola Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State North Bay Village, FL		City & State North Bay Village, FL	
Zip 33141	Country USA	Zip 33141	Country USA

500195798905
02/23/11--01023--003 **551.25

CR2E0B1 (6/10)

4. Date Incorporated or Qualified To Do Business in Florida **1/7/1969**

5. FEI Number 59-6495515	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
RABBI ARMANDO AMSELEM

Street Address (P.O. Box Number is Not Acceptable)
7509 Cutlass Avenue

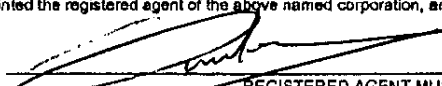
Suite, Apt. #, Etc.

City
North Bay Village

State
FL

Zip Code
33140

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  Date **1/20/2011**

REGISTERED AGENT MUST SIGN

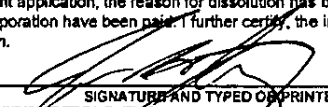
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	BOGOMILSKY, TZVI	3701 Pine Tree Drive	Miami Beach, FL 33140
VP/D	HOMSANY, SALOMON	20201 E. Country Club Drive	Aventura, FL 33180
D	AMSELEM, SHALOM	7800 Hispanola Ave	North Bay Village, FL 33140
D	ELNACAVE, ROLANDO	7800 Hispanola Ave.	North Bay Village, FL 33140
S	AMSELEM, ARMANDO	7509 Cutlass Ave.	North Bay Village, FL 33140
REINSTATEMENT - 2006-11			

10. E-mail Address: **STEVE BOGOMILSKY @ AOL.COM**

(To be used for future annual report notification)

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. I further certify, 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:  **STEVE BOGOMILSKY**

Date: **1-20-2011**

305-403-1400

6. HAWKES

JAN 23 2011

EXAMINER