

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
01 MAR 23 PM 1:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N43914**

1. Corporation Name  
**Beth El. The Beeches Synagogue Inc**

Principal Place of Business Mailing Address  
~~PO Box 51487  
Jax Beach, Florida~~

**REINSTATEMENT 00-01**

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

2. Beth El-Beeches Synagogue P.O. Box 1698 Ponte Vedra, Florida 32004-1698 904-273-9100	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	4. Date Incorporated or Qualified To Do Business in Florida <b>06 17 91</b> <b>SP</b>
5. FEI Number <b>59 3075462</b>	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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Pres	Clare Stoppack	13 Lake Julia Drive	Ponte Vedra, FL 32082
Pres	Eileen Krinsky	1709 Second St South	Jacksonville Bch, FL 32250
Dr	Priscilla Fedale	8023 Pebble Creek Lane	Ponte Vedra, FL 32082
			000003929069--8 -03/23/01--01045--006 ****297.50 ****297.50

8. Name and Address of Current Registered Agent

Jeffrey Korn  
87 Veranda Lane  
Ponte Vedra, Florida  
32082

9. Name and Address of New Registered Agent

Name **Jeffrey B. Marks attorney**  
**Ryan B. Marks**  
Street Address (P.O. Box Number is Not Acceptable)  
**3008-8 Hartley Road**  
Suite, Apt. #, Etc.  
City **Jacksonville** State **FL** Zip Code **32257**

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.

Signature of Registered Agent *Jeffrey B. Marks* REGISTERED AGENT MUST SIGN **Jeffrey B. Marks** Date 2-26-01

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(See other side for information on intangible tax.)

12. 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 *Eileen Krinsky* **EILEEN KRINSKY, Ph.D.** Date 02 22 01 Daytime Phone # 904 241 2490  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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