


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000000875					
1. Corporation Name Temple Bet Yam, Inc.					
2. Principal Office Address 2587 SR A1A South		3. Mailing Office Address P.O. Box 840052			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State St. Augustine, FL		City & State St. Augustine, FL		4. Date Incorporated or Qualified To Do Business in Florida 02/18/94	
Zip 32080	Country St. Johns	Zip 32080	Country St. Johns	5. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Joan Guglielmo					
Street Address (P.O. Box Number is Not Acceptable) 488 Romano Street					
Suite, Apt. #, Etc.					
City St. Augustine		02-03 UETS		State FL	Zip Code 32086
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 <i>Joan J. Guglielmo</i> REGISTERED AGENT MUST SIGN				Date 4/15/03	
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	
DP	Guglielmo, Joan	488 Romano St.		St. Augustine, FL 32086	
D	Beskind, Robert	416 Ocean Dr.		St. Augustine, FL 32080	
D	Cohen, Martin	850 A1A Beach Blvd.		St. Augustine, FL 32080	
DV	Stafford, Barbara	607 Mulligan Way		St. Augustine, FL 32080	
D	Gladstone, Carol	22 Lee Dr.		St. Augustine, FL 32080	
DT	Gladstone, Marc	22 Lee Dr.		St. Augustine, FL 32080	
10. 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 <i>Barbara R. Stafford</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 4/15/03 Daytime Phone # (904) 471-5871	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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