

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

96 DEC 16 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 94000003855 (3)

1. Corporation Name
PALM BEACH ORTHODOX SYNAGOGUE, INC.

Principal Place of Business Mailing Address
235 Sunrise Av. P.O. Box 852
Penthouse Palm Beach, FL 33480
Palm Beach, FL 33480

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date incorporated or Qualified To Do Business in Florida 08/04/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0478910	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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
DIR + Pres.	Toby R. Lewis	2075 SCOTT AV.	West Palm Beach FL 33409
DIR + V.P.	Elaine Miller	235 Sunrise Av.	Palm Beach FL 33480
DIR + V.P.	Eric Weiner	235 Sunrise Av.	Palm Beach FL 33480
DIR + Treas.	Morris Romero	235 Sunrise Av.	Palm Beach FL 33480

REINSTATEMENT 1996

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Toby Lewis 2075 SCOTT AV. West Palm Beach, FL 33409		Name: Toby Lewis Street Address (P.O. Box Number is Not Acceptable): 1276 96 Suite, Apt. #, Etc.: 300002032123-5 City: 12/18/96 State: 01026-012 ***236 FE ***236.25	

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: Date: 12/11/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Date: 12/11/96 Daytime Phone #: 561-837-6699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR