

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

98 NOV 20 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000006614**

1. Corporation Name

SEPHARDIC SYNAGOGUE OF FORT LAUDERDALE -"BNM", INC.

Principal Place of Business

Mailing Address

P.O. BOX 11739  
FORT LAUDERDALE FL 33339

P.O. BOX 11739  
FORT LAUDERDALE FL 33339

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

REINSTATEMENT **98**

2. New Principal Office Address, If Applicable

P.O. BOX **480251**

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

09/09/1997

5. FEI Number

**65-0799124**

Applied For

Not Applicable

City & State

**FT. LAUDERDALE FL**

City & State

Zip

Country

**33348**

Zip

Country

6. CERTIFICATE OF STATUS DESIRED  \$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
D	SIMON FIELDS	111 N. POMPANO BEACH BLVD.	POMPANO BEACH, FL. 33062
D	JENNIFER ROSS	3316 NE 34th ST.	FT. LAUDERDALE FL 33308
D	ROBERTA MURPHY	741 NW 34th ST.	FT. LAUDERDALE FL 33309
			200002692422--3 -11/20/98-01020-001 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

FIELDS, SIMON  
111 NORTH POMPANO BEACH BLVD.  
POMPANO BEACH FL 33062

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number, If Applicable)  
Suite, Apt. #, Etc.  
City  
State  
Zip Code

**200002692422--3**  
**-11/20/98-01020-002**  
**\*\*\*\*\*8.75 \*\*\*\*\*8.75**  
**FL**

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

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date **11/16/98**

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)(f), 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**11/16/98 1-800-522-7616**

CR2E040 (0/98)