I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BETH MICHELL

DIRECTOR OF ADMINISTRATION

Electronic Signature of Signing Officer/Director Detail

SIGNATURE	E:		
	Electronic Signature of Registered Agent		Date
Officer/Dire	ctor Detail :		
Title	TREASURER	Title	DIRECTOR OF ADMINISTRATION
Name	BRANSE, GARY	Name	MICHELL, BETH
Address	4021 CROSSBIL LANE	Address	11301 WEST BROWARD BOULEVARD
City-State-Zip:	WESTON FL 33331	City-State-Zip:	PLANTATION FL 33325
Title	FINANCIAL SECRETARY	Title	SECRETARY
Name	KOPELOWITZ, BRIAN	Name	PINKIERT, ROBERT
Address	200 SW 1ST AVENUE, SUITE 1200	Address	2641 NE 207 ST
City-State-Zip:	FORT LAUDERDALE FL 33301	City-State-Zip:	AVENTURA FL 33180
Title	Р		
Name	KATLER, CAROL		
Address	12160 NW 7 ST		
City-State-Zip:	PLANTATION FL 33325		

## FEI Number: 59-1689889

**Current Mailing Address:** 

PLANTATION FL 33325 US

DOCUMENT# 735325

PLANTATION FL 33325

**Current Principal Place of Business:** 

11301 WEST BROWARD BOULEVARD

11301 WEST BROWARD BOULEVARD

## Name and Address of Current Registered Agent:

CAMERON, KAREN B 11301 WEST BROWARD BOULEVARD PLANTATION, FL 33325 US

Entity Name: THE RECONSTRUCTIONIST SYNAGOGUE, INC.

## FILED Feb 09, 2018 Secretary of State CC4480767660

Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

02/09/2018

Date