

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 JAN -3 PH 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **709081**

W99-28602

1. Corporation Name

Kneseth Israel Congregation of Miami Beach, Florida

Principal Place of Business

Mailing Address

1415 Euclid Avenue
Miami Beach, Florida 33139

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

2. New Principal Office Address, If Applicable
1415 Euclid Avenue

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/02/65

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-0839557

Applied For

Not Applicable

City & State
Miami Beach, Florida

City & State

Zip

Country

Zip

33139

USA

6. CERTIFICATE OF STATUS DECISION

7. Names and Street Addresses of Each Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City, State, Zip
P	Joseph Aron	251 174th Street #2205	Sunny Isles Bch, FL 33160
VP	Alan Seif	250 180th Drive	Miami Bch, FL
VP	Ed Curson - D	1604 Bay Road	Miami Bch, FL
T	Mel Feit - D	1604 Bay Road	Miami Bch, FL
S	Paula Grayson - D	1345 West Avenue	Miami Bch, FL
S	Paula Grayson		

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Albert Furst
1020 Meridian Avenue
Apartment #706
Miami Beach, Florida 33139

Name
Edwin Curson
Street Address (P.O. Box Number is Not Acceptable)
1604 Bay Road - Apt. #3
Suite, Apt. #, Etc.
Apt. #3
City
Miami, Beach
State
FL
Zip Code
33139

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

Edwin D. Curson

REGISTERED AGENT MUST SIGN

Date 12/10/99

11. This corporation owes 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:

EDWIN D. CURSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/99 (305) 673-0384

Date

Daytime Phone #