PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION**



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

00 DEC 18 AM 10: 50

FOR	
REINSTATEMENT	

**DOCUMENT #** 709081

1. Corporation Name

Kneseth Israel Congregation of Miami Beach, Florida

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Principal P	lace of Business	Mailing Addr	ess					
	Euclid Avenue					a a a a a a a a a a a a a a a a a a a	nee -	
Miami	Beach, Florida 33139				RFIN	Statemen	VI 07)	
If above a	addresses are incorrect in any way, line t	hrough incorrect in	nformation a	nd enter correction below.	វិ មិក្រាវាព ស	10 a a a a a a a a a a a a a a a a a a a		
		ling Office Address, If Applicable			Date Incorporated or Qualified     To Do Business in Florida			
Suite, Apt. #, etc. Su		Suite, Apt. #,	Suite, Apt. #, etc.		- F5180	5. FEI Number   Applied For		
City & State		City & State	City & State		5. FEI NUMBE	59-0839557	Applied For Not Applicable	
		Zip			-6:	S8.75 Additional Fee required		
Zip	Country	Zip		Country	CERTIFICAT	TE OF STATUS DESIRED L	for a Certificate of Status	
.7. Names	and Street Addresses of Each Officer an	d/or Director (Flo	rida nonprof				P	
Title(s)			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)		City / State / Zip			
P	Joseph Aron		251 174th Street #2205 Sunny Isles			Bch, FL 33160		
<b>V</b> P	Alan Seif 250 180th		180th Drive		Miami Beach, FL			
VP/D	Ed Curson 1604 Bay		Bay Road		Miami Beach, FL			
T/D	Mel Feit 1604 Bay		Bay Road		Miami Beach, FL			
S/D	Paula Grayson	_	1345 West Avenue			Miami Beach, FL		
							18 wash	
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent				
Edwi	n Curson				Name			
1604 Bay Road Apt. #3			Street Address	Street Address (P.O. Box Number's Not Acceptable 3 5 4 3 7 13/16/01 01094 022				
Miami Beach, FL 33139			Suite, Apt. #, E	Suite, Apt. #, Etc.				
				City		Stat <b>F</b> L		
-10. I, being Signature o Registered	Agent <u>Auton</u>	REGISTERED AG	wa	amiliar with and accept the	obligations of Sec	tion 607.0505, F.S.  Date /	1-00	
	is corporation owes the angible Personal Prope			30. Ye	s 🗆 No 🗀		ide for information angible tax.)	
this rein	that I am an officer or director or the rec statement application, the reason for dis the corporation have been paid and the	solution has been	eliminated, t	the corporate name satisfi	es the requirements	s of section 607.0401 or 617.0	0401, F.S., that all fees	