


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
-------------------------------------	---	---

DOCUMENT # 709081

1. Corporation Name

KNESETH ISRAEL CONGREGATION OF MIAMI BEACH, FLORIDA

Principal Place of Business

1415 EUCLID AVE
MIAMI BEACH FL 33139
US

Mailing Address

1415 EUCLID AVE
MIAMI BEACH FL 33139
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/02/1965

5. FEI Number

59-0839557

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ARON, JOSEPH <i>Mel Feit</i>	251 174TH STREET, #2205 <i>1604 Bay Rd</i>	SUNNY ISLES BEACH FL 33180 <i>Miami Beach FL 33139</i>
V.	SEIF, ALAN	250 180TH DRIVE	MIAMI BEACH FL
DV	CURSON, ED	1604 BAY RD.	MIAMI BEACH FL
TD	FEIT MEL <i>Joseph Aron</i>	1604 BAY RD. <i>251 174th St #2205</i>	MIAMI BEACH FL <i>Sunny Isles Beach FL 33160</i>
SD	GRAYSON, PAULA	1345 WEST AVENUE	MIAMI BEACH FL
			0000004719700-3 -12/12/01-01008--012 ****245.00 LS**245.00

8. Name and Address of Current Registered Agent

CURSON, EDWIN
1604 BAY ROAD
APT. 3
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
FL
Zip Code

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

Oct 22, 2001

11. 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:

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

Date

Daytime Phone #

Oct 22, 2001