

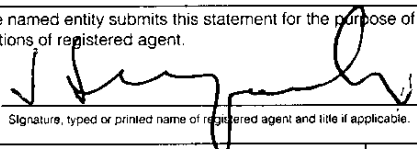
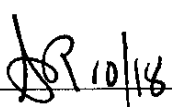


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 709261 1. Entity Name TEMPLE B'NAI DAROM, INC.						FILED 05 OCT 14 PM 3: 54 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 49 BANYON COURSE OCALA, FL 32672			Mailing Address 49 BANYON COURSE OCALA, FL 32672				
2. Principal Place of Business		3. Mailing Address		10102005 REIN-NP		CR2E099 (6/04)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2070919		Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HELMUT, ZACK 8948 SW 116TH STREET RD Ocala, FL 34481				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE 				(NOTE: Registered Agent signature required when reinstating)		DATE Oct 11, 2005	
FILE NOW!!! FEE IS \$61.25			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			Make check payable to Florida Department of State	
After January 1, 2006, Fee will be \$122.50							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OSWALD, JEANETTE 4883 SE 40TH TERRACE OCALA, FL 34480	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLEISHER, ALBERT 1219 PALMETTO DR. LADY LAKE, FL 32159	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STILES, ELAINE 13289 SW 2ND CT OCALA, FL 34473	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ORAMOS, RICHARD H. 12780 SE 95ND TERRACE SUMMERFIELD, FL 34491	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS ROTHBERG, SYLVIA 548 B BAHIA CIRCLE OCALA, FL 34472	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS VIDELock, ENID 592A BAHIA CIRCLE OCALA, FL 34472	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LANGE, ANNE 14180 SE 85TH AVE SUMMERFIELD, FL 34491	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600060629666 10/14/05--01058--025 **\$1.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: Richard H. Oramos (RICHARD H. OAMOS)				Date: 10/11/05		Daytime Phone #: 352-307-1696	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #	