

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 MAY 16 PM 12:59

DOCUMENT # 712993

1. Corporation Name

CONGREGATION BETH SHOLOM, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

700011794757
 05/29/03--01011--008 **61.25



Principal Place of Business

1844 - 54 ST. SOUTH
 GULFPORT FL 33707-1250

Mailing Address

1844 - 54 ST. SOUTH
 GULFPORT FL 33707-1250

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

REINSTATEMENT 02-03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

06/26/1967

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1206467

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	HERSH, HELEN	7473 40TH TERR N	SAINT PETERSBURG FL 33709
P	EINSTEIN, SAM WALSH, ELAINE	6348 41TH AVE N. 8199 TERRACE GARDEN DR. N. #206	ST. PETERSBURG FL 33709
S	JACOBS, MARK PASCUAL, Cherry	333 BOCA CIEGA PT BLVD N 5510 20th Ave. So	MADEIRA BEACH FL 33708 GULFPORT, FL 33707
T	GREENBAUM, GRETA DONSKY, BARBARA	6000 69TH ST N 4902 38th WAY SA #307	SAINT PETERSBURG FL 33708 33711
D	EINSEIN, SAM	6348 41 AVE N.	SAINT PETERSBURG, FL 33709
D	ROTH, FREDA	5940 30th AVE S. # 115	GULFPORT, FL 33707

8. Name and Address of Current Registered Agent

JACOBS, MARK
 333 BOCA CIEGA PT BLVD N
 MADEIRA BEACH FL 33708
 ELAINE WALSH
 8199 TERRACE GARDEN DR. N.
 # 206
 ST. PETERSBURG, FL 33709

9. Name and Address of New Registered Agent

Name ELAINE WALSH
 Street Address (P.O. Box Number is Not Acceptable)
 8199 TERRACE GARDEN DR. N.
 Suite, Apt. #, Etc. #206
 City ST PETERSBURG State FL Zip Code 33709

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. or 617.0505, F.S.

Signature of Registered Agent

Elaine Walsh REGISTERED AGENT MUST SIGN

Date

1-28-03

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)(f), 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:

Elaine Walsh REINSTATEMENT WALSH
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-28-03

Daytime Phone #

(727) 545-2566

CR2E040 (8/02)