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
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 02-03

DOCUMENT # 712993

1. Corporation Name

CONGREGATION BETH SHOLOM, INC.

Principal Place of Business	Mailing Address
1844 - 54 ST. SOUTH GULFPORT, FL 33707-1250	1844 - 54 ST. SOUTH GULFPORT FL 33707-1250

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/26/1967

5. FEI Number: 59-1206467 — 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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
~~T~~ S	~~JACOBS, MARK~~ PASCUAL, Cherry	~~333 BOCA CIEGA PT BLVD N~~ 5510 20th Ave. So	~~MADEIRA BEACH FL 33708~~ GULFPORT, FL 33707
~~S~~ T	~~GREENBAUM, GRETA~~ DONSKY, BARBARA	~~6080 69TH ST N~~ 4902 38th WAY So #307	SAINT PETERSBURG FL ~~33709~~ 33711
D	EINSEEIN, SAM	6348 41 AVE N.	SAINT PETERSBURG, FL 33709
D	ROTH, FREDA	5940 30th AVE S, #115	GULFPORT, FL 33707

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8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~JACOBS, MARK~~ ELAINE WALSH ~~333 BOCA CIEGA PT BLVD N~~ 8199 TERRACE GARDEN DR. N. #206 ~~MADEIRA BEACH FL 33708~~ ST. PETERSBURG, FL 33709	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

CR2E040 (8/02)

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 REQUIRED — Date: 1-28-03

REGISTERED AGENT MUST SIGN

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: Elaine Walsh ELAINE WALSH — 1-28-03 — (727) 545-2566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #