

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM D

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 APR 25 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 718825

1. Corporation Name

BETH YOSEPH CHAIM Cong. Inc.

REINSTATEMENT 01-02

2. Principal Office Address

843 Meridian Ave.

3. Mailing Office Address

~~843 Meridian Ave.~~ 8751 W. Broward Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

% Robert Herman

City & State

Miami Beach, FL

City & State

Plantation, FL

Zip

Country

33139

Zip

Country

33324

4. Date Incorporated or Qualified
To Do Business in Florida.

7/10/70

5. FEI Number

59-1619321

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

HERMAN, ROBERT M. RA

Street Address (P.O. Box Number is Not Acceptable)

~~843 Meridian Ave.~~ 8751 W. Broward Blvd

Suite, Apt. #, Etc.

City

PLANTATION FL

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/24/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	ROZENCWAIG, DON	843 Meridian Ave. Miami Beach, FL 33139	Miami Beach, FL 33139
VD	ROZENCWAIG, ANNA	"	"
SD	HERMAN, JUDITH	"	"
TD	SHAPIRO, Rebecca	"	"

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JUDITH HERMAN

4-22-02

Date

617-7000

Daytime Phone #

CR2E081 (9/01)