


2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 733353 1. Entity Name CONGREGATION B'NAI ISRAEL.	
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FILED

04 OCT 18 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2004



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Principal Place of Business 3830 NW 16 BLVD GAINESVILLE, FL 32605	Mailing Address 3830 NW 16 BLVD GAINESVILLE, FL 32605
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip
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10152004	REIN-NP	CR2E099 (6/04)
4. FEI Number 59-1592633	Applied For <input type="checkbox"/> Not Applicable	

6. Name and Address of Current Registered Agent JOSEPHSON, GILDA 3830 NW 16 BLVD GAINESVILLE, FL 32605	7. Name and Address of New Registered Agent Name <u>David Greenberg</u> Street Address (P.O. Box Number is Not Acceptable) <u>same</u> City <u>FL</u> Zip Code
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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 *David Greenberg* DATE 10/15/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$61.25 After January 1, 2005, Fee will be \$122.50	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT JOSEPHSON, GILDA 3830 NW 16TH BLVD GAINESVILLE, FL 32605 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President David Greenberg 3830 NW 16 Blvd, G. FL. 32605 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT GREENBERG, DAVID 3830 NW 16TH BLVD GAINESVILLE, FL 32606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Isadore Shuler 3830 NW 16th Blvd, G. FL. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PAWLIGER, DAVID 3830 NW 16TH BLVD GAINESVILLE, FL 32605 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Phillip Sider 3830 NW 16th Blvd, G. FL, 32605 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HERBSTMAN, BARBARA 3830 NW 16TH BLVD GAINESVILLE, FL 32605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800041939448 10/18/04--01070--007 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TPP KABLER, PHIL 3830 NW 16TH BLVD GAINESVILLE, FL 32605 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Past President Gilda Josephson 3830 NW 16 Blvd, G, FL. 32605 <input type="checkbox"/> Change <input checked="" 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: *David Greenberg* DATE 10/15/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/line Phone #