AP	PLICATION (RUCTIONS BEFORE C A DEPARTMENT OF STATE Katherine Harris			NG THIS FORM. APPROVED: AND	Blaz		
REIN	FOR STATEMENT	DOUB	Secretary of Si		<u></u>	fiLED		
DOC	UMENT # 7471				OCT 23 PH 4:10),		
	ation Name REGATION BETH SHA FED	LOM OF (ORMOND BE	ACH, INCO	DR TAL	CRETARY OF STATE LAHASSEE, FLORIDA		
Principal Place of Business Mailing			ess			. megra (hoda (1844 jalis 88)) 41815 8181	. B.O. (181) 01811 1811 1881	
10 SHAWN			10 SHAWNEE TRAIL PO BOX 2755					
•	BEACH FL 02175→	ORMOND BE	ACH FL 32175→					
If above addresses are incorrect in any way, line through incorrect in 2: New Principal Office Address, If Applicable 3. New Mail			ing Office Address, If Applicable 4. Date Inco			orated or Qualified ess in Florida	/09/1979	
Suite, Apt.	#, etc.	Suite, Apt. #	Suite, Apt. #, etc.		5. FEI Number		Applied For	
City & Stat		City & State			6.	59-1912991	Not Applicable 5 Additional Fee required	
3217	4-43.8 Country	232179	4-43/8 Country		<u></u>		or a Certificate of Status	
7. Names Title(s)	nd Street Addresses of Each Officer and/or Director (Flo Name of Officers and/or Directors		orida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director		City / State / Zip			
PTD	MOSKOWITZ, MR CHARLES	The state of the s	10 SHAWNEE TRAIL			ORMOND BCH FL 32174		
D	GOLDSMITH, MICHAEL GOLDSMITH, AOEK		4 GLEN WAY #103		HOLLY HILL FL 32117			
D	MOSKOWITZ, MRS. LEA		10 SHAUNEE TRAIL 10 SHAWN CE TRAIL		ORMOND BEACH FL 32174			
			1 -			000034553505 -11/07/0001079006 ******70.00 ******70.00		
							AMM	
8. Name and Address of Current Registered Agent No.				Name	9 Name and Address of New Registered Agent			
MOSKOWITZ, CHARLES				Street Address (P.O. Box Number is Not Acceptable)				
10 SHAWNEE TRAIL ORMOND BEACH FL 32174				Suite, Apt. #, Etc.				
				City State Zip Code				
10. I, bein Signature Registered	of Agent	nost	poration, am familiar will a REQU GENT MUST SIGN		obligations of Sect			
	<i></i>							

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:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/00 904-673-050 Date Daytime Phone #

congregation beth shalom

P.D.BOX-2793 ORMOND BEACH, FL. 32024
IO Shaware Tiel 3217

October 20, 2000

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

I am writing this letter to reinstate Congregation Beth Shalom of Ormond Beach, Inc. We never received our original application for 2000 to apply for our renewal and therefore, you never received our application or check.

As you can see on the outside address on your form, there is a PO Box address that has been scratched out and the zip code is wrong for the address on the application. I believe that is the reason why we never received our original application. Also, the date of the dissolution is September 22, 2000 and we just received it on October 20, 2000.

At this time I am requesting reinstatement and a certificate of status. Enclosed you will find a check for \$70.00 for the non-profit corporation fee and for the certificate.

Your cooperation is appreciated in this matter. If you look at our past record, we have never missed a year for filing since our inception in 1979. I believe this was a case of lost mail.

Yours truly,

Charles Moskowitz,

1800

President