


FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # NO100002893

1. Corporation Name

Ma'ayan Conservative
Synagogue, Inc800065593818
02/10/06--01078--006 **306.25**REINSTATEMENT**85-06

2. Principal Office Address <u>Circle</u>		3. Mailing Office Address <u>Circle</u>	
<u>762 Regency Reserve</u>		<u>762 Regency Reserve</u>	
Suite, Apt. #, etc. <u>2001</u>		Suite, Apt. #, etc. <u>2001</u>	
City & State <u>Naples</u>		City & State <u>Naples</u>	
Zip <u>FL</u>	Country <u>Collier</u>	Zip <u>34119</u>	Country <u>Collier</u>

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida <u>4/19/01</u>	
5. FEI Number <u>59-3713371</u>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <u>Edwin Ezrinie</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>762 Regency Reserve Circle</u>	
Suite, Apt. #, Etc. <u>2001</u>	
City <u>Naples</u>	State <u>FL</u> Zip Code <u>34119</u>

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

REGISTERED AGENT MUST SIGN

Date

2/2/06

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
P	Edwin Ezrinie	762 Regency Reserve Circle # 2001	Naples, FL 34119
S	Hope Silverstein	2140 Arielle Dr #408	Naples, FL 34109
T	Alex Meyers	1272 Sperling Court #3	Naples, FL 34103
D	Harvey Rosenthal	7585 Meadow Lakes Dr	Naples, FL 34104
D	Raphael Cohen	8116 Meadowland Dr	Naples, FL 34108

10. 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 contained in Chapter 119, 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edwin Ezrinie

Date

Daytime Phone #

2/2/06 239-354-

1958