2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 05, 2007
Secretary of State

DOCUMENT# N05000001093

Entity Name: BETH ABRAHAM SYNAGOGUE INC.

Current Principal Place of Business:

5001 COLLINS AVENUE
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

Current Mailing Address:

5001 COLLINS AVENUE
MIAMI BEACH, FL 33140 US

New Mailing Address:

5001 COLLINS AVENUE
MANAGEMENT OFFICE
MIAMI BEACH, FL 33140 US

FEI Number: 26-0106199 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

METTS, JAMES L MGR.
5001 COLLINS AVENUE
MANAGER'S OFFICE
MIAMI BEACH, FL, FL 33140 US

Name and Address of New Registered Agent:

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.

SIGNATURE: JAMES L. METTS
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KRITZ, KARL S
Address: 5001 COLLINS AVENUE - 15D
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: VP ( ) Delete
Name: TRYFUS, FRED
Address: 5001 COLLINS AVENUE - 12B
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: S, T ( ) Delete
Name: STERN, LOUIS
Address: 5001 COLLINS AVENUE - 10K
City-St-Zip: MIAMI BEACH, FL 33140 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARL S. KRITZ PRES 10/05/2007
Electronic Signature of Signing Officer or Director — Date