

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.
FILED

03 MAY 27 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25919

1. Corporation Name

CONGREGATION BETH-EL OF MIAMI BEACH, INC.
2400 PINE TREE DRIVE
MIAMI BEACH, FL 33140

2. Principal Office Address

2400 Pine Tree Drive
Suite, Apt. #, etc.

3. Mailing Office Address

2400 Pine Tree Drive
Suite, Apt. #, etc.

City & State

Miami Beach, FL

Zip 33140
Country

City & State

Miami Beach, FL

Zip 33140
Country

REINSTATEMENT 02-07

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-0098928

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

WASSERMAN, MARTIN

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

960 ARTHUR GODFREY ROAD

Suite, Apt. #, Etc.

SUITE 401

City

MIAMI BEACH, FL

State

FL

Zip Code

33140

300019870468

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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

Martin Wasserman

REGISTERED AGENT MUST SIGN

Date

5/15/2003

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	Paul, Alex	2525 Pine Tree Drive	Miami Beach, FL 33140
D	Sand, Julius	4101 Pine Tree Drive	Miami Beach, FL 33140
D	Silverman, Ben	6391 North Bay Road	Miami Beach, FL 33141
VD	Wasserman, Martin	960 Arthur Godfrey Road	Miami Beach, FL 33140

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 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alex Paul, Pres.

Date

5/15/03

Daytime Phone #

305 538-9608

CR2E081 (10/02)

9/15/25