

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

OR  
REINSTATEMENT

FILED

02 NOV -6 PM 12:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N42294**

1. Corporation Name

**CONGREGATION SHALOM YISRAEL, INC.**

Principal Place of Business

Mailing Address

700 COLUMBUS WAY  
LONGWOOD FL 32750-6507

700 COLUMBUS WAY  
LONGWOOD FL 32750-6507



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

02/28/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3058440

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	PERMISON, HARVEY	700 COLUMBUS WAY	LONGWOOD FL
D	HOLLAND, GEORGE	210 NUN ST	WILMINGTON NC
D	THOMPSON, NICK	4921 S US HWY 17-92	CASSELBERRY FL 32707

11/06/02-01035-006 \*\*70.00

000008819530

11/06/02-01035-006 \*\*70.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PERMISON, HARVEY  
700 COLUMBUS WAY  
LONGWOOD FL 32750

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Harvey*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10-31-02

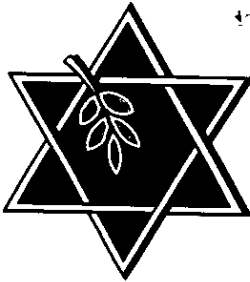
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the 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:

*Harvey*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-31-02 407 332-9000

Daytime Phone #



# CONGREGATION SHALOM YISRAEL

"Arise! Shine. For thy light is come, and the glory of the Lord is risen upon thee."

Isaiah 60:1

Harvey Permisson  
Messianic Rabbi

10-31-02

DEAR SIRS;

I RECENTLY RECEIVED 2 CORP LETTERS  
OF DISSOLUTION. I WAS OBVIOUSLY SURPRISED  
AS I DID NOT RECALL RECEIVING EITHER NOTICE  
OR THE 2ND NOTICE. BOTH CORP RENEWALS  
USUALLY ARRIVE AT THE SAME TIME, I SPoke  
TO SOMEBODY IN YOUR DEPT AND THEY SAID  
TO FORWARD A LETTER EXPLAINING THAT I  
DID NOT RECEIVE RENEWAL NOTICES & THAT  
THEY WOULD WAIVE THE LATE FEE I AM  
ENCLOSING THE FEE FOR BOTH CORP.

THANK YOU  
VERY MUCH

Rabbi Harvey Permisson