

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 29 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N47495**

1. Corporation Name

TEMPLE ISRAEL OF GREATER MIAMI, INC.

REINSTATEMENT *02*



700008638147
10/29/02--01001--008 **236.25

Principal Place of Business

137 N.E. 19TH STREET
MIAMI FL 33132
US

Mailing Address

137 N.E. 19TH STREET
MIAMI FL 33132
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/21/1992

5. FEI Number

59-0683270

Applied For

Not Applicable

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
PD PD	ELIER, MARSHA OROVITZ, MICHAEL	2000 S BAYSHORE DR #19 1311 98 ST	MIAMI FL 33133 BAY HBR IS. FL 33154
VD VD	OROVITZ, MICHAEL JACOBS, JANE	1311 98 ST 21210 HIGHLAND LKS. BLVD	BAY HBR IS FL 33154 N. MIAMI BEACH, F 33179
TD	GOLD, CYNTHIA	2461 NE 199 ST	MIAMI FL 33181

8. Name and Address of Current Registered Agent

~~SELDES, DONNA~~
~~137 NE 19 STREET~~
~~MIAMI FL 33132~~

9. Name and Address of New Registered Agent

Name

MICHAEL OROVITZ

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

1311 98 STREET

Suite, Apt. #, Etc.

BA

City

BAY HARBOUR IS.

State

FL

Zip Code

33154

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

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10-25-02

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

10-25-02

Date

Daytime Phone #

CR2E040 (8/02)