

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 AUG 27 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004157

1. Corporation Name

THE PALM BEACH FELLOWSHIP
OF CHRISTIANS AND JEWS, INC

REINSTATEMENT 07-09

2. Principal Office Address - No P.O. Box #

7 ALNWICK RD.

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 507

Suite, Apt. #, etc.

City & State

PALM BEACH GONS, FL

City & State

PALM BEACH, FL

Zip

33418

Country

USA

Zip

33480

Country

USA

CR2E081 (12/08)

2/8/27

**4. Date Incorporated or Qualified
To Do Business in Florida**

4-29-02

5. FEI Number

65-0482614

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

KAREN S. HOUGH

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

7 ALNWICK RD.

Suite, Apt. #, Etc.

City

PALM BEACH GONS

State

FL

Zip Code

33418

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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08/27/09-01003-007 ***357.50

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

Karen S. Hough

REGISTERED AGENT MUST SIGN

Date

8-24-09

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
CHAIR	J. WILLIAM METZGER	277 ESPANADE WAY	PALM BEACH, FL 33480
CO-CHAIR	WILLIAM J. BROOKS	240 SEABREEZE AVE	PALM BEACH, FL 33480
SEC.	BARBARA C. LEEK	5200 N. FLAGLER DR. #202	W. PALM BEACH, FL 33410
TREAS.	KAREN S. HOUGH	7 ALNWICK RD	PALM BEACH GONS, FL 33418

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:

Karen S. Hough

8-24-09 561-723-5513