2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N95000000238

Entity Name: TEMPLE BETH RAPHAEL, INC.

FILED Oct 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1910 ALTON RD
MIAMI BEACH, FL 33139

4000 ALTON ROAD
MIAMI BEACH, FL 33140

Current Mailing Address: New Mailing Address:

1910 ALTON RD
MIAMI BEACH, FL 33139 US
4000 ALTON ROAD
MIAMI BEACH, FL 33140

FEI Number: 59-1155116 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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: Name and Address of New Registered Agent:

TALMUDIC COLLEGE OF FLORIDA HILL, IRA 1910 ALTON ROAD 4000 ALT

1910 ALTON ROAD
MIAMI BEACH, FL 33139 US
4000 ALTON ROAD
MIAMI BEACH, FL 33140 US

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: IRA HILL 10/15/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

 Name:
 HILL, IRA
 Name:
 HILL, IRA

 Address:
 1910 ALTON ROAD
 Address:
 1910 ALTON ROAD

 City-St-Zip:
 MIAMI BEACH, FL
 City-St-Zip:
 MIAMI BEACH, FL
 33140

Title: STD () Delete Title: STD (X) Change () Addition

 Name:
 YITZCHAK, ZWIEG
 Name:
 YITZCHAK, ZWIEG

 Address:
 2033 N BAY RD
 Address:
 2033 N BAY RD

 City-St-Zip:
 MIAMI BEACH, FL
 City-St-Zip:
 MIAMI BEACH, FL
 33140

Title: AVD () Delete Title: AVD (X) Change () Addition

 Name:
 SIMON, MILTON
 Name:
 SIMON, MILTON

 Address:
 1910 ALTON RAOD
 Address:
 1910 ALTON RAOD

 City-St-Zip:
 MIAMI BEACH, FL
 City-St-Zip:
 MIAMI BEACH, FL
 33140

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: IRA HILL PD 10/15/2009