

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 JUN -3 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **n96000000207**

1. Corporation Name  
CONGREGATION B'NAI EMUNAH GROUP, INC.

2. Principal Office Address  
100 BAYVIEW DRIVE

3. Mailing Office Address  
C/O Jack Silverman

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNNY ISLES, FL

City & State

FT. LAUDERDALE, FL

Zip

33160

Country

DADE

Zip

33312

Country

BROWARD

4. Date Incorporated or Qualified To Do Business in Florida **1-8-96**

5. FEI Number  
65-0667051

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  
JOEL PIOTRKOWSKI

Street Address (P.O. Box Number is Not Acceptable)  
317 71ST ST

Suite, Apt. #, Etc.

City  
MIAMI BEACH

State  
FL

Zip Code  
33141

700055988947  
06/10/05--01003--011 \*\*257.75

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

Date **6-1-05**

REGISTERED AGENT MUST SIGN

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
P/D	HENRY RAKOWSKI	10101 COLLINS AVE #7F	BAL HARBOUR, FL 33154
VP/D	Jack Silverman	100 Bayview Dr	Sunny Isles FL 33160
T/D	Leonard Fox	100 Bayview Dr	Sunny Isles FL 33160
			<b>8/16/7</b>

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/14/05**

Date

Daytime Phone #

**(305) 866-3455**  
*[Signature]*

CR2E081 (01/05)