

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 25 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000003858

1. Corporation Name

CONGREGATION B'NAI KODESH OF PALM BEACH COUNTY
INC.

Principal Place of Business

12794 W FORST HILL BLVD
SUITE 31
WELLINGTON FL 33414
US

Mailing Address

12794 W FORST HILL BLVD
SUITE 31
WELLINGTON FL 33414
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/23/1996

5. FEI Number

65-0681084

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	LEVINE, HOLLY Miller, Wayne K.	13568 COLUMBINE AVE 16084 E. Preakness Dr.	WELLINGTON FL 33414 Loxahatchee, FL 33470
VPD	WEISMAN, MERY Rosen, Marilyn	17 G BEDFORD COURT 1187 White Pine Dr.	ROYAL PALM BEACH FL 33411 Wellington, FL 33414
VPD	CAINE, TENSY Flesher, Marc	15675 BELLANGA LANE 551 Kingsbury Terr.	WELLINGTON FL 33414 WEST PALM BEACH FL 33414
SD	ROSEN, MARILYN Starr, Stephanie	1187 LONITE PINE DRIVE 150-B Weybridge Cir.	ROYAL PALM BEACH, FL 33411 WELLINGTON FL 33414
TD	BAUM, ENID Simon, Kathleen	1939 STAMFORD CIRCLE 17043 35th Pl. N.	LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470
VP	MILLER, WAYNE	16084 E. PREAKNESS DRIVE	

8. Name and Address of Current Registered Agent

MILLER, SUSAN B
16084 E. PREAKNESS DR.
LOXAHATCHEE FL 33470

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Susan Miller
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/23/02

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:

Wayne Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wayne Miller 10/23/02 561-912-4406

CR2E040 (8/02)