1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAY 12 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000007161

400075549554
05/31/06--01019--003 **253.75

REINSTATEMENT CR2E081 (12/05)

03-06

1. Corporation Name

BETH HILLEL MESSIANIC FELLOWSHIP OF SOUTH FLORIDA,INC

2. Principal Office Address		**3.** Mailing Office Address	
1391 NW 45 STREET		1164 NW 117 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: POMPANO BEACH, FL		City & State: CORAL SPRINGS, FL	
Zip: 33064	Country: US	Zip: 33071	Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 12/26/1997

5. FEI Number: 65-0787515 ☐ 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: RABBI DR. DAVID L. BARSKY

Street Address (P.O. Box Number is Not Acceptable): 1164 NW 117 AVE

Suite, Apt. #, Etc.:

City: CORAL SPRINGS | State: FL | Zip Code: 33071

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 _____
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	DAVID L. BARSKY	1164 NW 117 AVE	CORAL SPRINGS, FL 33071
S/D	ROBERTA A. BARSKY	1164 NW 117 AVE	CORAL SPRINGS, FL 33071
V/D	ELEANOR FOGELMAN	10777 W SAMPLE ROAD #203	CORAL SPRINGS, FL 33065

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: _____ 5/10/06 954-895-0481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DAVID L. BARSKY

B. Mitchell MAY 18 2006

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DAVID L. BARSKY, D. MIN.
Rabbi

BETH HILLEL

DAVID M. BERNSTEIN, D.C.
Cantor

May 10, 2006

Florida Department Of State
Division of Corporations
PO Box 6327
Talahassee, FL 32314

Gentlemen:

Enclosed please find our Corporate reinstatement application. Please be advised that we never received the 2003 report and ask you to waive the $175 reinstatement fee. Enclosed is our check in the amount of $253.75 which includes $ 8.75 for a certificate of status which should be mailed to:

Rabbi Dr. David L. Barsky
Beth Hillel
1164 NW 117 Ave
Coral Springs, FL 33071

Sincerely,

Rabbi David L. Barsky, D. Min.

קהילת בית הלל
BETH HILLEL MESSIANIC SYNAGOGUE
Mailing Address
1164 NW 117 Avenue • Coral Springs, FL 33071
(954) 341-4682 Fax: (954) 341-7409 Email: bethhillel@aol.com Website: bethhillel.com