2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000003172

Entity Name: SHALOM SYNAGOGUE, INC.

FILED Oct 20, 2004 Secretary of State

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

210 174 STREET SUITE 2309

SUNNY ISLES BEACH, FL 33160

Current Mailing Address: New Mailing Address:

210 174 STREET SUITE 2309

SUNNY ISLES BEACH, FL 33160

FEI Number: 65-0857393 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:

DUDAI, SIMON
1719 LENOX AVE.

DUDAI, SIMON
210 174TH STREET

MIAMI BEACH, FL 33139 US APT # 2309 SUNNY ISLES BEACH, FL 33160 US

OCINITIOLEO BEACH, I E 33100 OC

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: SIMON DUDAI 10/20/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 DUDAI, SHIMON RABBI
 Name:
 DUDAI, SHIMON S RABBI

 Address:
 1719 LENOX AVE.
 Address:
 210 174TH STREET # 2309

 City-St-Zip:
 MIAMI BEACH, FL 33139
 City-St-Zip:
 SUNNY ISLES BEACH, FL 33160

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

 Name:
 BENARROCH, MARC RABBI
 Name:

 Address:
 1719 LENOX AVE.
 Address:

 City-St-Zip:
 MIAMI BEACH, FL 33139
 City-St-Zip:

 $\label{eq:title:equation:title:equation} \mbox{Title:} \qquad \mbox{SD} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{VD} \qquad \mbox{(X) Change () Addition}$

 Name:
 SHARON, ELIAZAR
 Name:
 SHARON, ELIAZAR

 Address:
 1719 LENOX AVE.
 Address:
 18101 NW 47TH COURT

 City-St-Zip:
 MIAMI BEACH, FL 33139
 City-St-Zip:
 MIAMI, FL 33055

Title: TD () Delete Title: SD (X) Change () Addition

 Name:
 NITKIN, JONATHAN
 Name:
 NITKIN, JONATHAN

 Address:
 1719 LENOX AVE.
 Address:
 325 E. SAN MARINO DRIVE

 City-St-Zip:
 MIAMI BEACH, FL 33139
 City-St-Zip:
 MIAMI BEACH, FL 33139

 Name:
 LUSTGARTER, JIM
 Name:

 Address:
 1719 LENOX AVE.
 Address:

 City-St-Zip:
 MIAMI BEACH, FL 33139
 City-St-Zip:

Title: O () Delete Title: T (X) Change () Addition

 Name:
 NARSON, TODD DR.
 Name:
 NARSON, TODD DR.

 Address:
 1719 LENOX AVE.
 Address:
 7820 NOREMACK AVE

 City-St-Zip:
 MIAMI BEACH, FL 33139
 City-St-Zip:
 MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SIMON DUDAI PD 10/20/2004