

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 SEP -6 PM 2: 27

DOCUMENT # N99000002044

1. Corporation Name

TEMPLE BETH ISRAEL ENDOWMENT FUND, INC.

2. Principal Office Address - No P.O. Box #

10197 W SUNRISE BLVD

3. Mailing Office Address

7451 W OAKLAND PK BL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNRISE, FL

City & State

LAUDERHILL, FL

Zip

33322

Country

Zip

33319

Country

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

04/01/99

5. FEI Number

65-0905862

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

GEORGE BERMAN

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

2743 PINEHURST

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33332

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 08/31/07

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
D	GEORGE BERMAN	2743 PINEHURST	WESTON, FL 33332
D	MICHAEL KAHN	12121 N W 10th STREET	PLANTATION, FL 33323
D	AMI BERGMAN	7451 W OAKLAND PK BL	LAUDERHILL, FL 33319
D	JACK MORRIS	7421 S W 5th STREET	PLANTATION, FL 33317
REINSTATEMENT 04-D7 400109129274 08/06/07--01016--008 **428.75 B 8/7/07			

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:

George Berman DIRECTOR

08/31/07

954-742-5905

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #