

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

001610001  
DOCUMENT # N99000004364

1. Corporation Name  
Jewish Center of Coral Springs  
Synagogue of Rabbi Shimon  
Bar Yochai, Inc.

2. Principal Office Address

10082 W. Oakland Park Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Sunrise FLA

City & State

Zip

33351

Country  
US

Zip

33351

Country

200004662452--2

-11/01/01--01034--005

\*\*\*\*122.50 \*\*\*\*122.50

4. Date Incorporated or Qualified  
To Do Business in Florida

7/22/99

5. FEI Number

65-0940151

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

Mahboub Ben Chimol

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

1802 N. University Drive

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33322

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 09-26-01

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	Mahboub Ben Chimol	10082 W. Oakland Park Blvd.	Sunrise FL 33351
V/P	Eli Zeno	" Same	" Same
S/D	Annette Odiz	" Same	" Same
T/D	DAVID ALKESLASSI	" Same	" Same

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-26-01 954 9150690  
Date Daytime Phone #

*PM/CL*

# JACK BARITON, P.A.

ATTORNEY AT LAW  
100 SOUTH PINE ISLAND ROAD  
SUITE #108  
PLANTATION, FLORIDA 33324

TELEPHONE (954) 915-0690

FAX (954) 915-0890

September 26<sup>th</sup>, 2001

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

RE: Jewish Center of Coral Springs Synagogue  
Of Rabbi Shimon Bar Yochai, Inc.  
Document No. N99000004364

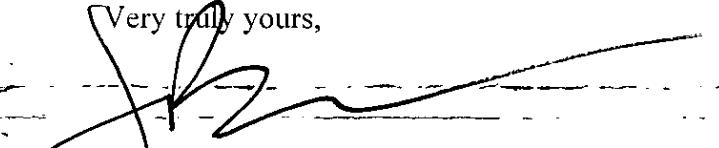
Gentlemen:

This law firm represents the interests of Jewish Center of Coral Springs Synagogue of Rabbi Shimon Bar Yochai, Inc.

Enclosed please find Corporate Reinstatement form regarding the above-named not for profit corporation. In light of the fact that the 2000 notice for reinstatement form was not received by the registered agent, we request that the late fees be waived. Accordingly, please find a check for \$122.50 for reinstatement.

If you require any further information, please do not hesitate to contact the undersigned.

Very truly yours,

  
Jack Bariton, Esq.  
JB/ss  
Enclosures

RECORDED - INDEXED - SERIALIZED - FILED  
THE JEWISH CENTER OF CORAL SPRINGS, INC. - COUNSEL OF CORAL SPRINGS, INC.