

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT 18 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000004364

1. Corporation Name

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

200004662452--2

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

***122.50 ***122.50

2. Principal Office Address

10082 W. Oakland Park Blvd.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sunrise FL

City & State

Zip

33351

Country

US

Zip

33351

Country

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

REGISTERED AGENT MUST SIGN

Date 09.26.01

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/D	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

Date

954 9150690

Daytime Phone #

CR2E081 (9/00)

PAYCWL

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 26th, 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

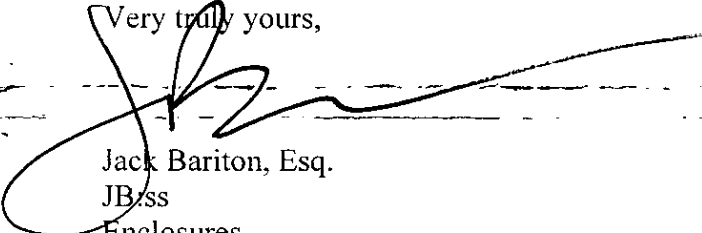
Gentlemen:

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