

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM *Page 1 of 2*

APPLICATION FOR



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

FILED

00 DEC 13 PM 2:29

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000050703**

1. Corporation Name

**TWIN BETH PROPERTIES, INC.**

Principal Place of Business

Mailing Address

6343 VIA DE SONRISA DEL SUR  
 BOCA RATON FL 33433  
 US

6343 VIA DE SONRISA DEL SUR  
 BOCA RATON FL 33433  
 US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**17616 CHARNWOOD DRIVE**

Suite, Apt. #, etc.

~~BOCA RATON~~

City & State

**FLORIDA**

Zip **33498**

Country

3. New Mailing Office Address, If Applicable

**17616 CHARNWOOD DRIVE**

Suite, Apt. #, etc.

**BOCA RATON**

City & State

**FLORIDA**

Zip **33498**

Country

4. Date Incorporated or Qualified To Do Business in Florida

**06/09/1997**

5. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GOLDBERG, BETTY	6343 VIA DE SONRISA DEL SUR	BOCA RATON FL 33498
D	ODETTE, GLADYS	17616 CHARNWOOD DR	BOCA RATON FL 33498
D	ODETTE, SOL W.	17616 CHARNWOOD DRIVE	BOCA RATON, FL 33498
			400003516414--0 -12/29/00--01004--005 ***150.00 ***150.00
			<b>BOCA RATON 18</b>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PERSHES, ROBERT E  
 2801 UNIVERSITY DR., STE. 205  
 CORAL SPRINGS FL 33065

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

**FL**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*Gladys Odette* **SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN

Date **11/9/2000**

11. 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:

*Gladys Odette* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**11/9/2000**  
 Date

**(561) 489-2762**  
 Daytime Phone #

CR2E04C (8/00)

# Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

Keep a copy for your records.

EIN

CMB No. 1545-0003

PAGE 2 of 2

1 Name of applicant (legal name) (see instructions)  
**TWIN BETH PROPERTIES, INC**

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)  
**17616 CHARNWOOD DRIVE**

4b City, state, and ZIP code  
**BOCA RATON, FLA. 33498**

5a Business address (if different from address on lines 4a and 4b)

5b City, state, and ZIP code

6 County and state where principal business is located  
**DADE COUNTY, FL**

7 Name of principal officer, general partner, grantor, owner, or trustee — SSN or ITIN may be required (see instructions) ▶  
**BETTY GOLDBERG - PRES.**

Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

Sole proprietor (SSN)

Partnership

REMIC

State/local government

Church or church-controlled organization

Other nonprofit organization (specify) ▶

Other (specify) ▶

Estate (SSN of decedent)

Plan administrator (SSN)

Other corporation (specify) ▶ **S CORP**

Trust

Federal government/military

(enter GEN if applicable)

If a corporation, name the state or foreign country (if applicable) where incorporated

State **FLORIDA**

Foreign country

Reason for applying (Check only one box.) (see instructions)

Started new business (specify type) ▶ **RENTAL REAL ESTATE**

Hired employees (Check the box and see line 12.)

Created a pension plan (specify type) ▶

Banking purpose (specify purpose) ▶

Changed type of organization (specify new type) ▶

Purchased going business

Created a trust (specify type) ▶

Other (specify) ▶

Date business started or acquired (month, day, year) (see instructions)  
**01-01-2000**

11 Closing month of accounting year (see instructions)  
**DECEMBER**

First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ **N/A**

Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter 0. (see instructions)

Nonagricultural **0** Agricultural **0** Household **0**

Principal activity (see instructions) ▶ **REAL ESTATE RENTAL**

Is the principal business activity manufacturing?  Yes  No

If "Yes," principal product and raw material used ▶

To whom are most of the products or services sold? Please check one box.

Public (retail)  Other (specify) ▶

Business (wholesale)  N/A

Has the applicant ever applied for an employer identification number for this or any other business?  Yes  No

Note: If "Yes," please complete lines 17b and 17c.

If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ▶

Trade name ▶

Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Business telephone number (include area code)  
**562-482-5206**

Fax telephone number (include area code)  
**561-482-5206**

and title (Please type or print clearly.) ▶ **SOL ODETTE SEC/TREAS**

Date ▶ **Dec. 5, 2000**

Note: Do not write below this line. For official use only.

Ind. Class Size Reason for applying

12/14/2000

Dear MR. Tyrone Scott -  
 As instructed by your office - I am attaching the FORM SS-4 showing that on Dec 5, 2000 we applied for the Federal Employer Identification number. All else is attached to comply with your regulations.