

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 DEC 10 PM 1:36

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **723303**

1. Corporation Name

TAMARAC JEWISH CENTER, INC

Principal Place of Business

9101 NW 57 STREET
 TAMARAC FL 33351

Mailing Address

9101 NW 57 STREET
 TAMARAC FL 33351



REINSTATEMENT 02

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

05/01/1972

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. PE# Number

59-1405955

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
VD	EISENSMITH, JEFFEREY	9101 NW 57 ST.	TAMARAC FL
<i>Xp</i>	KAHN, W DOUGLAS	9101 NW 57TH ST	TAMARAC FL
VD	KOBRYNIEC, LEONARDO	9101 NW 57TH STREET	TAMARAC FL 33351
<i>R</i>	ALBOUKREK ISAAC STEVE SAX	9101 NW 57TH ST	TAMARAC FL
<i>V</i>	RENZER KAREN Jacqueline Montag	9101 NW 57TH ST	TAMARAC FL
TD	PALEY, ALAN	9101 N.W. 57TH STREET	TAMARAC FL

8. Name and Address of Current Registered Agent

~~X ALBOUKREK ISAAC~~
 9101 NW 57TH ST
 TAMARAC FL 33351

~~W. Douglas Kahn~~

9. Name and Address of New Registered Agent

Name **CAROLE HERSCH RATNER**

Street Address (P.O. Box Number is Not Acceptable)
~~9101 NW 57 ST~~

City **TAMARAC, FL**

State **FL**

Zip Code **33351**

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent

Carole Hersch Ratner
 SIGNATURE REQUIRED

Date

10/29/02

REGISTERED AGENT MUST SIGN

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFEREY R. EISENSMITH, V.P. 10/31/02 954-523-7601

Date

Daytime Phone #