

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 99 NOV -3 PM 12:43

DOCUMENT # 731551

1. Corporation Name
JEWISH MARRIAGE EXPERIENCE, INC.

Principal Place of Business	Mailing Address
9917A SUMMERBROOK TERR APT A BOYNTON BCH FL 33434 US	9917A SUMMERBROOK TERR APT A BOYNTON BCH FL 33437 US

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/04/1975	
City & State		City & State		5. FEI Number	
Zip		Country		59-0209464	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$8.75. Additional Fee required for a Certificate of Status.	

3-25-99 90062 018 61.25

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
PD	ROBBINS, JOSEPH R.	7264 FAIRFAX DRIVE	TAMARAC FL 33321
S	ROBBINS, BARBARA	7264 FAIRFAX DRIVE	TAMARAC FL 33321
TD	GORDON, ALAN	9917A SUMMERBROOK TERR	BOYNTON BCH FL

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent		
GORDON, ALAN 9917A SUMMERBROOK TERR BOYNTON BCH FL 33437	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: Alan Gordon Date: 10/30/99
 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: Alan Gordon Date: 10/30/99 Daytime Phone #: AD 561 735 0074