


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV -2 AM 10:17

DOCUMENT # 732287 1. Entity Name ALEXANDER MUSS INSTITUTE FOR ISRAEL EDUCATION, INC.																									
Principal Place of Business 12550 BISCAYNE BLVD 604 MIAMI, FL 33181 US		Mailing Address 12550 BISCAYNE BLVD 604 MIAMI, FL 33131 US																							
2. Principal Place of Business <u>78 Randall Avenue</u> Suite, Apt. #, etc.		3. Mailing Address <u>78 Randall Avenue</u> Suite, Apt. #, etc.																							
City & State Zip <u>11570</u> Country <u>USA</u>		City & State <u>Rockville Centre, NY</u> Zip <u>11570</u> Country																							
4. FEI Number 59-0173782		Applied For <input type="checkbox"/> Not Applicable																							
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																							
6. Name and Address of Current Registered Agent ALLEN, LOUISE C/O STEARNS, WEAVER, MILLER 200 EAST BROWARD BOULEVARD FORT LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name <u>Jerry Sokol</u> Street Address (P.O. Box Number is Not Acceptable) <u>201 South Biscayne Blvd.</u> City <u>Miami</u> FL Zip Code <u>33131</u>																							
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.																									
SIGNATURE <u>[Signature]</u> Signature typed or printed name of registered agent and title if applicable		<u>Jerry Sokol</u> (NOTE: Registered agent signature required when reinstating)																							
DATE <u>10/26/07</u> DATE																									
FILE NOW!! FEE IS \$236.25 After January 1, 2007, Fee will be \$297.50		Make check payable to Florida Department of State																							
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																							
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the incorporator, trustee or empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Werner 11/1/06 305 935 1697

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #