

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

03 OCT 24 PM 2:01

DOCUMENT # **761110**

1. Corporation Name

**JEWISH FEDERATION OF COLLIER COUNTY, INC.**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

REINSTATEMENT *03*

Principal Place of Business

Mailing Address

1250 TAMiami TRAIL N  
 SUITE 202 & 203-B  
 NAPLES FL 34102

1250 TAMiami TRAIL N  
 SUITE 202 & 203-B  
 NAPLES FL 34102



100023961811

10/21/03--0102B--006 \*\*245.50

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.		12/03/1981	
City & State		City & State		5. FEI Number	
Zip		Country		59-2151725	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
PD	<del>STERMAN, SHELDON</del> BOBBIE KATZ	<del>600 GORDONIA ROAD</del> 5804 Cinzano Ct	NAPLES FL <del>34108</del> 34119
VD	<del>SEAMAN, PHYLLIS EDWARD</del> EDWARD J. COHEN	<del>7861 COCO BAY DRIVE</del> 12435 Colliera Reserve Dr	NAPLES FL <del>34108</del> 34110
<del>VDD</del> SD	<del>STERMAN, SHELDON</del> BEA GLENN	<del>600 GORDONIA ROAD</del> 3991 Gulfshore Blvd #1503	NAPLES FL <del>34108</del> 34103
ASD	<del>LENCHNER, WALLIE</del> PHYLLIS SEAMAN	112 NAPA RIDGE WAY 7861 COCO BAY DRIVE	NAPLES FL 34119 34108
VD	FELDMAN, MICHAEL	<del>3003 TAMiami TR N #360</del> 8889 Pelican Bay Blvd #500	NAPLES FL <del>34108</del> 34108
TD	<del>LEVY, HANS WALLIE</del> LENCHNER	<del>4051 GULF SHORE BLVD N, PHG</del> 2251 Campestre Terr	NAPLES FL <del>34108</del> 34119

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FELDMAN, MICHAEL A <del>3003 TAMiami TRAIL NORTH</del> <del>SUITE 300</del> NAPLES FL <del>34108</del> 34108		Name - Street Address (P.O. Box Number is Not Acceptable) 8889 Pelican Bay Blvd Suite, Apt. #, Etc. # 500 City Naples State FL Zip Code 34108	
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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: *Michael A. Feldman* Date: 10/13/03  
 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)(l), 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: *Michael A. Feldman* Date: 10/13/03 Daytime Phone #: 239 572 2072  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRE040 (7/03)