## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT					DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS				2007 APR 11 PM 1: 01	
DOCUMENT # F0300000536  1. Corporation Name									SECRETARY OF STATE TALLAHASSEE FLORIDA	
Republican Jewish Coalition					n, Incorporated				NSTATEMENT	つ
2. Principal Office Address - No P.O. Box # 50 F Street, NW 3. Mailing				Office Address				50	00096473015 CR2E081 (1/07)	
Suite, Apt. #, etc. Suite 100				Suite, Apt. #, etc.				Date Incorporated or Qualified    To Do Business in Florida		
City & State Washington, DC			City & State					52-1386172 Applied For Not Applicable		
<sup>z</sup> 2000	01 USA zip		Zip		Country			6. CERTIFICATE	S8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Regist NRAI Services, Inc.  2731 Executive Park Drive Stuffe 4  Weston				State 33331				The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent										
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Name of Street Address of Each										İ
Titles	Name of Officers and/or Directors			Officer and/or Director			rector		City / State / Zip	
C		lr. David Flaum							Washington, DC 20001	
ED	Mr. Matthew Brooks						···	Washington, DC 20001		
GC	Mr. Jeffrey Altman		50 F Street, NW, Su			Sui	te #100	Washington, DC 20001		
T	Mr. Mark Lezell			50 F Street, NW, Su			Sui	te #100	Washington, DC 20001	
	[ED=l	Executive Di	rector	GC=	Gene	eral (	Çol	unsel		
this rei	nstatemen ap by the corporal	plication, the reason for disso	lution has beer ames of Individ	eliminated, uals listed o	, the corporati in this form do	name sat not qualify	tisfies t y for ar	he requirements rexemption con	pter 607 or 617, F.S. I further certify that when filing of section 607.0401 or 617.0401, F.S., that all fees tained in Chapter 119, F.S. The information indicated	
SIGNAT		GNATURE AND TYPED OR PRI	ITED NAME OF		tthew B			3/3	30/07 202-638-6688  Date Daytime Phone #	

## FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Drive, Suite A Tallahassee, FL 32301 PHONE: (850) 216-0457; FAX: (850) 216-0460

DATE:

04-11-07

NAME:

REPUBLICAN JEWISH COALITION

TYPE OF FILING: REINSTATEMENT

COST:

\$428.75

RETURN: GOOD STANDING

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE