

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

06 NOV -6 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F05000003415

1. Entity Name  
JEWISH NATIONAL FUND (KEREN KAYEMETH LE ISRAEL) INC.



Principal Place of Business  
42 EAST 69TH ST.  
NEW YORK, NY 10021

Mailing Address  
42 EAST 69TH ST.  
NEW YORK, NY 10021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT (11/05)

4. FEI Number  
13-1656927

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERLOW, JEFFREY  
18901 NE 29TH AVE. #100  
AVENTURA, FL 33180

MITCHEL ROSENZWEIG

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

10/12/06

DATE

FILE NOW!!! FEE IS \$61.25  
After January 1, 2007, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAUDER, RONALD S 42 EAST 69TH ST. NEW YORK, NY 10021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KLEINMAN, LEONARD L 42 EAST 69TH ST. NEW YORK, NY 10021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARDIN, SHOSHANA 42 EAST 69TH ST. NEW YORK, NY 10021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DABROW, ALAN 42 EAST 69TH ST. NEW YORK, NY 10021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAMSKY, HEIDI 42 EAST 69TH ST. NEW YORK, NY 10021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HESS, JOSEPH 42 EAST 69TH ST. NEW YORK, NY 10021	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	100080922221 10/17/06--01040--003 **\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHIEF FINANCIAL OFFICER MITCHEL ROSENZWEIG 42 EAST 69TH ST NEW YORK, NY 10021	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 receiver or trustee 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 the empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/06

212-879-9305 ext. 259

K. Eckel NOV 07 2006