

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  
TALLAHASSEE, FLORIDA

01 DEC -3 PM 12:42

DOCUMENT # N00000005238

1. Corporation Name

HEBREW HOME OF NORTH DADE, INC.

Principal Place of Business

230 COLLINS AVE

MIAMI BEACH FL 33139

1800 N.E. 168th STREET  
NAMIAMI BEACH, FL 33162

Mailing Address

300 71st STREET, SUITE 445

300 COLLINS AVE

MIAMI BEACH FL 33139

33141



REINSTATEMENT

B

01

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

08/10/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1040912

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	GALBUT, RUSSELL	<del>230 COLLINS AVE</del> 300 71st STREET SUITE 445	MIAMI BEACH FL 33139 33141
D	ZUBKOFF, WILLIAM	<del>230 COLLINS AVE</del> 300 71st STREET SUITE 445	MIAMI BEACH FL 33139 33141
D	SCHWARTZ, FELICE	<del>230 COLLINS AVE</del> 300 71st STREET SUITE 445	MIAMI BEACH FL 33139 33141
D	KALUS, ELLIOT	<del>230 COLLINS AVE</del> 300 71st STREET SUITE 445	MIAMI BEACH FL 33139 33141
			700004721457--S -12/12/01--01085--022 *****236.25 *****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ZUBKOFF, WILLIAM  
230 COLLINS AVE  
MIAMI BEACH FL 33139

Name

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

300 71st STREET

Suite, Apt. #, Etc.

445

City

MIAMI BEACH

State

FL

Zip Code

33141

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/25/01

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/01

Daytime Phone #

3056722100

824260

CR2E040 (8/01)