
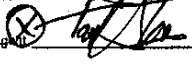



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

 CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # NO4000000182 1. Corporation Name OHR Ha Chaim Ha Kadosh Shevach Inc			
2. Principal Office Address - No P.O. Box # 2999 NE 191st St <small>Suite, Apt. #, etc.</small> PH-2 <small>City & State</small> Aventura <small>Zip</small> 33180		3. Mailing Office Address 2999 NE 191st St <small>State, Apt. #, etc.</small> PH-2 <small>City & State</small> Aventura <small>Zip</small> 33180	
4. Date Incorporated or Qualified To Do Business in Florida 1/7/04		5. FEI Number 20-0554220	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		7. Name and Address of Current Registered Agent <small>Name</small> Paul Stone <small>Street Address (P.O. Box Number is Not Acceptable)</small> 2999 NE 191 Street <small>Suite, Apt. #, Etc.</small> PH-2 <small>City</small> Aventura	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 817.0503, F.S. <small>Signature of Registered Agent</small> 		9. 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. <input checked="" type="checkbox"/>	
10. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PST	Yizhak Toledano	2999 NE 191 St PH-2	Aventura, FL 33180
VP	Eyal Levy	2999 NE 191 St PH-2	Aventura, FL 33180
VP	Steve Zvi Levy	2999 NE 191 St PH-2	Aventura, FL 33180
10. 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 contained in Chapter 119, 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: 		Date: JUNE 11, 2008	

REINSTATEMENT 06-08^{ks}

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