

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

Page 1 of 1

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 NOV 12 AM 9:05

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N09822**

1. Corporation Name

CENTURY PINES JEWISH CENTER, A NONPROFIT CORPORATION

Principal Place of Business

**1200 S.W. 136TH AVE
 ADMINISTRATIVE BLDG OF CENTURY VILLAGE
 PEMBROKE PINES FL 33027-8833**

Mailing Address

**1200 S.W. 136TH AVE
 ADMINISTRATIVE BLDG OF CENTURY VILLAGE
 PEMBROKE PINES FL 33027-8833**



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

06/18/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2545126

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
TD	PANCERMAN, MAX	1151 SW 128 TER CD108	PEMBROKE PINES FL 33027
PDD	COHEN, RALPH S.	1401 SW 134 WAY C105	PEMBROKE PINES FL
CD	WEISS, NATHAN	12750 SW 4TH COURT	PEMBROKE PINES FL
FSD	BERG, EVA	1300 SW 170 AVE #213	PEMBROKE PINES FL 33027
2VP	BROD, LORRAINE MICHAEL BRAUN	1200 SW 136TH AVE, H3-304 12650 S.W. 15TH STREET	PEMBROKE PINES FL 33027

8. Name and Address of Current Registered Agent

**COHEN, RALPH S
 1401 SW 134 WAY C105
 PEMBROKE PINES FL 33027**

9. Name and Address of New Registered Agent

Name **BONNOR940RTA**
 Street Address (P.O. Box Number is Not Acceptable) **11712 DEER CREEK DR - 014 **61.25**
 Suite, Apt. #, Etc.
 City State Zip Code
FL

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

[Signature]
 REGISTERED AGENT MUST SIGN

Date

11/8/02

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/8/02 (954) 431-3300

CR2E040 (8/02)



Century Pines Jewish Center

page 2 of 2



RALPH S. COHEN
President

LEON B. FINK
Rabbi

BERNARD EHRENREICH
1st Vice-President

NATHAN H. WEISS
Chairman, Board of Trustees

STUART KANAS
Cantor

MICHEAL BRAUN
2nd Vice-President

LORRAINE BROD
Office Administrator

TO WHOM IT MAY CONCERN

September 8, 2002

I AM NOT IN RECEIPT OF YOUR 1st
and second notice of Annual Business
Report Form.

Enclosed please find the
information that you need and a
check for \$61.25.

I trust that this is sufficient to
save us a restatement.

Thank you
Respectfully,
Ralph S. Cohen

RALPH S. COHEN

1200 S.W. 136th Avenue
Pembroke Pines, FL 33027

Phone: (954) 431-3300
Fax: (954) 431-3256
Cell: (954) 801-3040