

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
Oct 09, 2009  
Secretary of State

DOCUMENT# N09822

Entity Name: CENTURY PINES JEWISH CENTER, A NONPROFIT CORPORATION

**Current Principal Place of Business:**

1200 S.W. 136TH AVE  
PEMBROKE PINES, FL 33027

**New Principal Place of Business:**

**Current Mailing Address:**

1200 S.W. 136TH AVE  
PEMBROKE PINES, FL 33027

**New Mailing Address:**

FEI Number: 59-2545126      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: RALPH S. COHEN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: 1VD      ( ) Delete  
Name: BROD, LORRAINE  
Address: 1200 SW 130 AVE G304  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: PDD      ( ) Delete  
Name: COHEN, RALPH S.  
Address: 1401 SW 134 WAY C105  
City-St-Zip: PEMBROKE PINES, FL

Title: CD      ( ) Delete  
Name: WIENSENFELD, RUTH  
Address: 10050 SW 12TH ST  
City-St-Zip: HOLLYWOOD, FL 33027

Title: FSD      ( ) Delete  
Name: BERG, EVA  
Address: 1300 SW 170 AVE #213  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: 2VD      ( ) Delete  
Name: LANDES, SOL  
Address: 550 SW 137 AVE L 408  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: TD      ( ) Delete  
Name: MARKS, HARRIET E  
Address: 901 SW 141 ST AVE SM305  
City-St-Zip: HOLLYWOOD, FL 33027

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH S. COHEN

Electronic Signature of Signing Officer or Director

PRES

10/09/2009

Date