

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 15 PM 12:02

DOCUMENT # N26741

1. Corporation Name

Rodfei Shalom Fellowship, Inc.

REINSTATEMENT 99-05
CR2E081 (8/05)

2. Principal Office Address

8358 W Oakland Park Blvd.

3. Mailing Office Address

8358 W Oakland Park Blvd

Suite, Apt. #, etc.

203-C

Suite, Apt. #, etc.

203-C

City & State

Sunrise, FL

City & State

Sunrise, FL

4. Date Incorporated or Qualified
To Do Business in Florida

06/02/1988

5. FEI Number

650064489

Applied For

Not Applicable

Zip

33351

Country

USA

Zip

33351

Country

USA

6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Rabbi Nahum Simon

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

7258 Solandra Lane

Suite, Apt. #, Etc.

City

Tamarac

State

FL

Zip Code

33321-5349

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Rabbi Nahum Simon
REGISTERED AGENT MUST SIGN

Date 12/15/2005

9. 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
D/P	Rabbi Nahum Simon	7258 Solandra Lane	Tamarac, FL 33321
D/M/P	Yitzhak Cohen	3964 NW 94th Terrace	Sunrise, FL 33351
D/S	Yael Cohen	3964 NW 94th Terrace	Sunrise, FL 33351
D/T	Sheryl Simon	7258 Solandra Lane	Tamarac, FL 33351

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 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:

Sheryl Simon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/2005

Date

954-445-1181

Daytime Phone #