PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 OCT 21 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 48944

1. Corporation Name

JACKSONVILLE HEBREW ACADEMY, INC.

REINSTATEMENT 99-02

2. Principal Office Address	**3.** Mailing Office Address
10167 San Jose Blvd.	PO Box 24005
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	—
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32257 Country: USA	Zip: 32241 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 05/15/92

5. FEI Number: 59-0931261 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Jonathan H. Goodman

600008437346--7
10/18/02--01007--004
****420.00 ****420.00

Street Address (P.O. Box Number is Not Acceptable): 1377 Cassat Avenue

Suite, Apt. #, Etc.:

City: Jacksonville | State: FL | Zip Code: 32205

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: Jonathan H. Goodman
REGISTERED AGENT MUST SIGN

Date: 10/4/02

CR2E061 (9/01)

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	Steven Shapiro	10462 E. Bigtree Circle	Jacksonville, FL 32257
D	Robert I. Roth	10075 Haley Road	Jacksonville, FL 32257
D	Judith Mizrahi	3654 N. Cathedral Oaks Pl.	Jacksonville, FL 32217
D	Michael Estner	2992 Bernice Court	Jacksonville, FL 32257

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: Steven Shapiro 10/10/02 904-655-2866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JT 10/23/02