

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 APR 19 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NA10000003802

1. Corporation Name
JEWISH INSTITUTE FOR THE ARTS, INC.

2. Principal Office Address
9557 ISLAMORADA TERR
Suite, Apt. #, etc.

City & State
BOCA RATON FL

Zip Country
33496 USA

3. Mailing Office Address
9557 ISLAMORADA TERR
Suite, Apt. #, etc.

City & State
BOCA RATON FL

Zip Country
33496 USA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida
July 25 / 1996

5. FEI Number
65-0689674

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
SHALOM GOLDBERG

Street Address (P.O. Box Number is Not Acceptable)
9557 ISLAMORADA TERRACE

City
BOCA RATON

State Zip Code
FL 33496

100004195191-3
-05/11/01--01028--005
***306.25 ***306.25

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 [Signature] Date 2/16/2001

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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	SHALOM JP GOLDBERG	9557 ISLAMORADA TERR	BOCA RATON, FL 33496
D	VICTOR GOLDBERG	173 DORAL CT	ROSLYN, NY 11574
D	HARVEY CANTOR	6100 PITCH LANE	BOYNTON BEACH, FL 33437
D	MICHAEL WAGHALTER	494 ELM AVE	NORMAN, OK 73069
D	MAYER SWIATKO	4014 GUILFORD A CENTURY VILLAGE	BOCA RATON, FL 33496

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 application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [Signature] Date 2/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561 445 8500
561-883-5023
Daytime Phone #

CR2E081 (9/00)