

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 NOV 30 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000000012

1. Corporation Name  
JEWISH LEARNING CENTER/OHR MENACHEM MENDEL, INC

Principal Place of Business Mailing Address  
465 41 STREET 465 41 STREET  
MIAMI BEACH FL 33140 MIAMI BEACH FL 33140



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	01/02/1998
5. FEI Number	65-0808208
CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
<small>\$8.75 Additional Fee required for processing of status certificate</small>	
Applied For	Not Applicable

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
P/D	Ruvon New	465 41 Street	Miami Bch, FL 33140
V/D	Ahuva New	465 41 Street	Miami Bch, FL 33140
T/D	Yossi Buchman	465 41 Street	Miami Bch, FL 33140
			200003066152--2 -12/10/99--01009--002 ***236.25 ***236.25

8. Name and Address of Current Registered Agent

**REINSTATEMENT 99**      **ITS**

NEW, RUVEN RABBI 465 41 STREET MIAMI BEACH FL 33140	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State FL
		Zip Code

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.

Signature of Registered Agent: Ruvon New      Date: Nov. 23, 99

REGISTERED AGENT MUST SIGN

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: Ru New      Date: Nov. 23, 99      Daytime Phone #: 305-495-3777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2260 (8/99)