

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 AUG -7. PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N12650

1. Corporation Name

Hillel Jewish Student Center of Tampa, Inc.
W01-15722

2. Principal Office Address

1100 Stanford Dr.

3. Mailing Office Address

1100 Stanford Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33146

Country

Zip

33146

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/19/85

5. FEI Number

65-1120985

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

Dolores Kantrowitz

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

1100 Stanford Drive

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33146

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

Dolores Kantrowitz
REGISTERED AGENT MUST SIGN

Date

6/29/01

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
PD	Laura Kreitzer	14240 N. 42 nd Street #1301	Tampa, FL 33613
D	Mark Kram	1100 Stanford Drive	Coral Gables, FL 33146
STD	Howard Goldman	1100 Stanford Drive	Coral Gables, FL 33146
D	Nicky Spivak	14240 N. 42 nd St. #1301	Tampa, FL 33613

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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/29/01 (305) 661 8549

Daytime Phone #

CR2E081 (9/00)