

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 MAY -2 AM 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # 732563

1. Corporation Name

Florida Hillel Foundations, Inc.

W01-4849

2. Principal Office Address

1100 Stanford Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

1100 Stanford Dr.

Suite, Apt. #, etc.

REINSTATEMENT 98-01

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

53-0238141

Applied For

Not Applicable

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

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33146

Country

Zip

33146

Country

7. Name and Address of Current Registered Agent

Name

Louis Ossinsky, Jr.

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

101 Corsair Dr.

Suite, Apt. #, Etc.

200

City

Daytona Beach

900004288209

05/22/01 01120 008

\*\*\*\*428.75 \*\*\*\*428.75

State

FL

Zip Code

32014-3850

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

*Louis Ossinsky*

Date 4/13/01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip     |
|--------|--------------------------------------|---|------------------------|
| P/D    | Mark Kram                            | 1100 Stanford Dr.                                 | Coral Gables, FL 33146 |
| V/D    | Howard Goldman                       | 1100 Stanford Dr.                                 | Coral Gables, FL 33146 |
| St/D   | Bill Grossman                        | 1100 Stanford Dr.                                 | Coral Gables, FL 33146 |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |

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:

*Mark Kram* MARK S. KRAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-01 305-661-8549

Date

Daytime Phone #

CR2001 (9/99)