

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # 735455

1. Corporation Name  
TALMUDIC COLLEGE OF FLORIDA ALUMNI ASSOCIATION,  
INC.

Principal Place of Business Mailing Address  
3001 S.W. Third Ave. 3001 S.W. Third Ave.  
Miami, Florida 33129 Miami, Florida 33129

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 03/30/1976		SP Applied For Not Applicable
5. FEI Number N/A		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	Gertrude Shafer	3001 S.W. Third Ave.	Miami, Florida 33129
D	Esther Burstyn	3001 S.W. Third Avenue	Miami, Florida 33129
D	Sharri Jakobowitz	3001 S.W. Third Avenue	Miami, Florida 33129
			000003031390--2 -11/01/99--01126--019 *****297.50 *****297.50
			000003031390--2 -11/01/99--01126--020 *****8.50 *****8.50

8. Name and Address of Current Registered Agent

Josh Bennett, Esq.  
420 Lincoln Road  
Suite 440  
Miami Beach, FL 33139

9. Name and Address of New Registered Agent

Name  
David E. Marko, Esq.  
Street Address (P.O. Box Number is Not Acceptable)  
3001 S.W. Third Avenue  
Suite, Apt. #, Etc.

City State Zip Code  
Miami FL 33129

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 DM Marko  
REGISTERED AGENT MUST SIGN

Date 10/27/99

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30. Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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: Esther Burstyn  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/27/99

Daytime Phone #

CS02001 (12/98)