

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741288

1. Corporation Name

WHEELCHAIR CLUB OF SHALOM TEMPLE NO. 77, INC

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

7700 SUNSET STRIP
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

7700 SUNSET STRIP
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

12/30/1977

5. FEI Number

59-1807988

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CITY & STATE SUNRISE - FLORIDA CITY & STATE SUNRISE - FLORIDA

Zip 33322

Country USA

Zip 33322

Country USA

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
PRES.	AARON NEUHAUS (D)	9241 SUNRISE LAKES BLVD BLD-103 APT-105	SUNRISE FL 33322
V.P.	ALAN RICHLAND (D)	9241 SUNRISE LAKES BLVD	SUNRISE FL 33322
SECT.	STEVE W. WEINER (D)	11401 NW W. 25th AVE	PLANTATION ACRES 33323
TREAS.	LESTER A. SHAPIRO (D)	7700 SUNSET STRIP	SUNRISE FL 33322

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LESTER A. SHAPIRO

Street Address (P.O. Box Number is not acceptable)

7700 SUNSET STRIP

SUNRISE FL 33322

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

Lester A. Shapiro

REGISTERED AGENT MUST SIGN

Date

1-20-98

11. This corporation owes or has paid 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:

Lester A. Shapiro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-98

Date

954-741-6910

Daytime Phone #

FILED

98 MAR 31 AM 5:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 97-98



CR2040 (8/97)