

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 747418

1. Entity Name
MIKVEH JOVITA COJAB, INC.



FILED

06 DEC 20 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1054 NE MIAMI GDNS DR. (185 ST.)
NORTH MIAMI BEACH, FL 33179

Mailing Address
1054 NE MIAMI GDNS DR. (185 ST.)
NORTH MIAMI BEACH, FL 33179

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-1957632

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZEMEL, MORTON B
SUITE 111, 16666 NE 19 AVENUE
NORTH MIAMI BEACH, FL

Name SHELDON GITTLESOW

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

1100 NE 163 ST #401

City NORTH MIAMI BEACH FL

Zip Code
33162

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2007, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
GOODMAN, BARBARA
17515 NE 7 AVE
NORTH MIAMI BEACH, FL 33162

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
BERNSTEIN, MARCY
1340 NE 172 ST.
NORTH MIAMI BEACH, FL 33162

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
LEHRFIELD, JENNIFER
1310 NE 173 ST.
NORTH MIAMI BEACH, FL 33162

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
GITTLESOW, FRAN
1330 NE 172 ST
NORTH MIAMI BEACH, FL 33162

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
200081178042
10/25/06--01008--014 **\$61.25

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/06

Date

Daytime Phone #

REINSTATEMENT -06