

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 10 AM 8:00

DOCUMENT # 753043

1. Corporation Name

HAVURAH OF SOUTH FLORIDA, Inc.

2. Principal Office Address

7800 Red Road

Suite, Apt. #, etc.

215 E

City & State

South Miami, FL

Zip

33143

Country

USA

3. Mailing Office Address

5059 SW 71 PL.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33155

Country

USA

REINSTATEMENT

03-04
MRD

4. Date Incorporated or Qualified
To Do Business in Florida

1980

5. FEI Number

59-2011883

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

Phyllis Levy

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

5059 SW 71 PL.

Suite, Apt. #, Etc.

City

Miami

State

Zip Code

FL 33155

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

Phyllis Levy

REGISTERED AGENT MUST SIGN

Date

4/28/04

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
P	Phyllis Levy	5059 SW 71 PL.	Miami, FL 33155
V	Ellen Kaplowitz	10380 SW 93 St.	Miami, FL 33176
T	Larry Jaffe	12660 SW 69 Ct.	Miami, FL 33136
S	Maya Bat-Ami	1500 S. Ocean Blvd 4A	Hollywood, FL 33019

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:

Phyllis Levy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/04

Daytime Phone #

305-279-0578

CR2E081 (01/04)