FROM : FAX NO. :9549223640 Jan. 18 2005 10:16AM P1

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JAN 24 AM 11:39

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755965

1. Corporation Name

Ohel Shalom Veleah, Inc

REINSTATEMENT 02-05

2. Principal Office Address
2980 A Simms Street
Suite, Apt. #, etc.
City & State
Hollywood, FL.
Zip 33020 Country USA

3. Mailing Office Address 3830 n 4 UAVE Holly Wood FL 33021
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business In Florida 1/20/1981

5. FEI Number 592070917 Applied For Not Applicable

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

Benjamin Sharaby 7. Name and Address of Current Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
3830 n 4U. Ave
Suite, Apt. #, Etc.
City Hollywood State FL Zip Code 33021

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 X [signature] REGISTERED AGENT MUST SIGN Date 1/18/05

CR2E081 (01/05)

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
PD	Sharaby Benjamin	2980 Simms Street	Hollywood, FL 33020
VTD	Sharaby Tzvi	2980 Simms Street	Hollywood, Fl 33020
Ceo	Sharaby Yigal	2980 Simms Street	Holly wood FL 33020
S	sharaby AYELET	2980 Simms street	Holly wood Fl 33020

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10. X 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: BENJAMIN SHARABY 1/18/05 954-987-75-63
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #