

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 AUG 18 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 762384

1. Corporation Name

AMERICAN FRIENDS OF MEVASERET ZION, INC.

Principal Place of Business

Mailing Address

% DR. NORMAN BLOOM  
3909 GARDEN AVE  
MIAMI BCH FL 33140

C/O RABBI MEIR FELMAN  
3909 GARDEN AVE APT 1  
MIAMI BCH FL 33140  
US

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

4000 Hollywood Boulevard

4000 Hollywood Boulevard

Suite, Apt. #, etc.  
#530N

Suite, Apt. #, etc.  
#530N

City & State  
Hollywood, FL

City & State  
Hollywood, FL

Zip  
33021

Country  
USA

Zip  
33021

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/10/1982

5. FEI Number

59-2190062

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<del>PR</del>	<del>RABBI MEIR FELMAN</del>	<del>3909 GARDEN AVE</del>	<del>MIAMI BCH FL</del>
P/D	REUBEN KRAMER	4000 Hollywood Blvd., #530N	Hollywood, FL 33021
<del>SD</del>	<del>HELEN FELMAN</del>	<del>3909 GARDEN AVE</del>	<del>N MIAMI BCH FL</del>
S/T/D	HARVEY L. LICHTMAN	4000 Hollywood Blvd., #530N	Hollywood, FL 33021
<del>VP</del>	<del>NORMAN BLOOM</del>	<del>17220 NE 12TH AVE</del>	<del>N MIAMI BCH FL</del>
D	DEBRA LICHTMAN	4000 Hollywood Blvd., #530N	Hollywood, FL 33021
<del>TO</del>	<del>SAM COHEN</del>	<del>4101 PINETREE DR</del>	<del>N MIAMI BCH FL 33141</del>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

<del>BLOOM, NORMAN, DR.</del> <del>17220 N.E. 12TH AVENUE</del> <del>NORTH MIAMI BEACH FL 33102</del>	Name	Harvey L. Lichtman	
	Street Address (P.O. Box Number is Not Acceptable)	4000 Hollywood Boulevard	
	Suite, Apt. #, Etc.	#530N	
	City	Hollywood	State FL Zip Code 33021

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

*Harvey L. Lichtman*  
REGISTERED AGENT MUST SIGN

Date

8/14/00

11. 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:

*Reuben Kramer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/14/00

Daytime Phone #

954-985-2400

CR2E040 (8/89)