


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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DOCUMENT # 762384

1. Corporation Name  
**AMERICAN FRIENDS OF MEVASERET ZION, INC.**

2. Principal Office Address <b>4000 Hollywood Boulevard</b>		3. Mailing Office Address <b>4000 Hollywood Boulevard</b>	
Suite, Apt. #, etc. <b>Suite 530N</b>		Suite, Apt. #, etc. <b>Suite 530N</b>	
City & State <b>Hollywood, FL</b>		City & State <b>Hollywood, FL</b>	
Zip <b>33021</b>	Country <b>USA</b>	Zip <b>33021</b>	Country <b>USA</b>

**300074359413**  
05/11/06--01005--008 \*\*376.25

**REINSTATEMENT** 01-06  
CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida <b>03/10/82</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. FEI Number <b>59-2190062</b>		
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name <b>Harvey L. Lichtman</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>4000 Hollywood Boulevard Suite 530N</b>		
Suite, Apt. #, Etc. <b>Suite 530N</b>		
City <b>Hollywood</b>	State <b>FL</b>	Zip Code <b>33021</b>

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

*Harvey L. Lichtman*

REGISTERED AGENT MUST SIGN

Date

*5/1/06*

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/D	REUBEN KRAMER	4000 Hollywood Blvd. #530N	Hollywood, FL 33021
S/T/D	HARVEY L. LICHTMAN	4000 Hollywood Blvd. #530N	Hollywood, FL 33021

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 contained in Chapter 119, 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:

*Harvey L. Lichtman*

HARVEY L. LICHTMAN

Date

*5/1/06 786-288-6777*

Daytime Phone #