

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -4 PM 2:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F00000000189

1. Corporation Name

AMERICAN FRIENDS OF THE BNAI ZION HAIFA MEDICAL
CENTER, INC.

Principal Place of Business

Mailing Address

4400 N. FEDERAL HIGHWAY #204
BOCA RATON FL 33431

4400 N. FEDERAL HIGHWAY #204
BOCA RATON FL 33431



REINSTATEMENT 03

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

4. Date Incorporated or Qualified
To Do Business in Florida

01/07/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

13-3082088

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	LAZAR, MICHAEL J	575 PARK AVENUE #107	NEW YORK NY 10021
C	SCHAEFFER, GEORGE W	612 N MAPLE DRIVE	BEVERLY HILLS CA 90210
S	PATT, RAYMOND M	200 JAY STREET #9C	BROOKLYN NY 11201
T	GOLDFARB, HARVEY	530 EAST 89TH STREET #1B	NEW YORK NY 10128

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RUDICK, SUZANNE J
4400 N. FEDERAL HIGHWAY #204
BOCA RATON FL 33431

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/30/03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)



AMERICAN FRIENDS OF THE BNAI ZION MEDICAL CENTER

National Office

136 East 39th Street
New York, NY 10016
Tel: (212) 725-1211

October 22, 2003

Division of Corporation
Annual Report / Reinstatement Section
PO Box 6327

Bnai Zion Medical Center

43 Golomb Street
P.O. Box 4940
Haifa 31048
Israel

Tallahassee, FL 32314

Re: Document #F000000189

To Whom It May Concern:

We are asking for a waiver of the Reinstatement Fee of \$175 for the non-filing of our 2003 Uniform Business Report. We never received it in the mail.

Thank you for your consideration.

Sincerely,

Mickey Aboff
Controller