#### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

### APPLICATION FOR REINSTATEMENT



# FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

### DOCUMENT # **F0000000194**

1. Corporation Name

MA'ALEH ADUMIM FOUNDATION, INC.

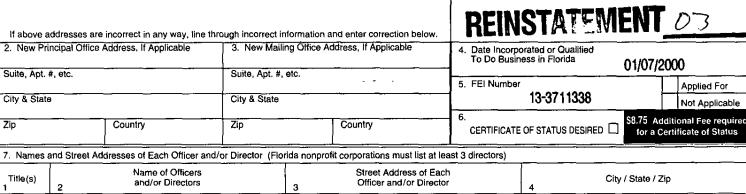
Principal Place of Business

Mailing Address

4400 N. FEDERAL HIGHWAY #204 BOCA RATON FL 33431 4400 N. FEDERAL HIGHWAY #204 BOCA RATON FL 33431 FILED

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SECRETARY OF STATE FALLAHASSIE, FLORIDA



<u> 1</u>		3	4
D	GRUNSPAN, JACK	59 DIAMOND DRIVE	PLAINVIEW NY 11803
D	RUDICK, SUZANNE J	2801 N. COURSE DRIVE #F107	POMPANO BEACH FL 33069
P	SHAPIRO, MILTON S	799 PARK AVE #18A	NEW YORK NY 10021
٧	PARNESS, MEL	200 WINSTON DRIVE #1020	CLIFFSIDE PARK NJ 07010
ST	LEWIS, TERRI	145 W. 79TH STREET #12D	NEW YORK NY 10024
		1	200024382302 1/03/0301074012 **61.25

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.	
RUDICK, SUZANNE-J 1400 N. FEDERAL HIGHWAY #204 BOCA RATON FL 33431		
	City	State 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

EGISTERED 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 filling 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

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CR2E040 (7/03)

## MA'ALEH ADUMIM FOUNDATION 136 EAST 39<sup>TH</sup> STREET NEW YORK, NY 10016 TEL (212) 725 - 1211 FAX (212) 679 - 1109

October 22, 2003

Division of Corporation
Annual Report / Reinstatement Section
PO Box 6327
Tallahassee, FL 32314

Re: Document #F00000000194

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