

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 OCT 31 PM 2:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F00000000194**

1. Corporation Name

**MA'ALEH ADUMIM FOUNDATION, INC.**

Principal Place of Business

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

Mailing Address

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

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**01/07/2000**

5. FEI Number

**13-3711338**

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
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
V	PARNESS, MEL	200 WINSTON DRIVE #1020	CLIFFSIDE PARK NJ 07010
ST	LEWIS, TERRI	145 W. 79TH STREET #12D	NEW YORK NY 10024

200024382302  
11/03/03--01074--012 \*\*\$61.25

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

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 **10/23/03**

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

**MEL PARNESS**

Date

Daytime Phone #

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