

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 NOV 17 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000003010

1. Corporation Name

KABBALAH CENTRES OF THE UNITED STATES, INC.

2. Principal Office Address 1062 South
Robertson Boulevard

Suite, Apt. #, etc.

City & State
Los Angeles,
California

Zip Country
90035 USA

3. Mailing Office Address 1062 South
Robertson Boulevard

Suite, Apt. #, etc.

City & State
Los Angeles,
California

Zip Country
90035 USA

REINSTATEMENT

02-04

4. Date Incorporated or Qualified
To Do Business in Florida 06/01/2001

5. FEI Number 95-4436084

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sara Yardeni

300042848393

11/18/04--01003--003 **367 50

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

8411 West Palmetto Park Road

Suite, Apt. #, Etc.

Sara Yardeni

City

Boca Raton

State

FL

Zip Code

33433

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

Sara Yardeni

Date November 16, 2004

REGISTERED AGENT MUST SIGN

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
PD	Eitan Solomon	1062 S. Robertson Blvd.	Los Angeles, CA 90035
VD	Eliahou Gian	1062 S. Robertson Blvd.	Los Angeles, CA 90035
SD	Sara Yardeni	8411 West Palmetto Road	Boca Raton, FL 33433
TD	Leah Arnan	1062 S. Robertson Blvd.	Los Angeles, CA 90035

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 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: *Sara Yardeni*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

November 16, 2004 (305) 692-9225

Date

Daytime Phone #

CFR2001 (01/04)