

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 SEP -4 AM 10: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000004564

1. Corporation Name

FREE SONS OF ISRAEL, INC.

2. Principal Office Address - No P.O. Box #

461 LEONARD BLVD

Suite, Apt. #, Etc.

City & State

NEW HYDE PARK, NY

Zip

11040

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

SAME

Country

SAME

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

09/05/2002

5. FEI Number

13-286287/2

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

ROBERT GRANT

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

13255 S.W. 16TH COURT

Suite, Apt. #, Etc.

IVANHOE 304K

City

PEMBROKE PINES

State

FL

Zip Code

33027

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

8/19/06

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	ROBERT JACOBS	3850 SEDGWICK AVE	RIVERDALE, NY 10463
S	RONALD LASZLO	461 LEONARD BLVD	NEW HYDE PARK, NY 11040
VP	LEW YELLIN	1 BART COURT	PLAINVIEW, NY 11803
T	SONDRA STEINBERG	1 BART COURT	PLAINVIEW, NY 11803

REINSTATEMENT

04-08

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/08 718 614 6074

Date

Daytime Phone #