

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 NOV 30 PM 1:03 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # F93000003568					
1. Corporation Name The Jerusalem Group Theatre, Inc.					
Principal Place of Business 445 E. 86th Street New York, NY 10028		Mailing Address 224 Datura St. Suite 409 West Palm Beach, FL 33411			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 3341 Pine Hill Trail Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable 90 East Street Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 8/5/93	
City & State Palm Beach Gardens, FL Zip 33418		City & State Hicksville, N.Y. Zip 11801		5. FEI Number 13-3677147 Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
Pres.	Alan Jacobson	3341 Pine Hill Trail, PBG, FL 33418			
Sec.	Melissa Jacobson	3341 Pine Hill Trail	Palm Beach Gardens, FL 33418		
V.P.	Fred Steinberg	2845 Bayview Ave.	Wantage, N.Y. 11793		
			500002706205--3 -12/08/98-01057--008 ****245.00 ****245.00		
8. Name and Address of Current Registered Agent Andrew Jacobson 3 Ocean Lane Palm Beach, FL 33480			9. Name and Address of New Registered Agent Name Steven W. Blumenthal Street Address (P.O. Box Number is Not Acceptable) 307 Eagleton Estates Dr. Suite, Apt. #, Etc. City Palm Beach Gardens State FL Zip Code 33418		
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.					
Signature of Registered Agent X REGISTERED AGENT MUST SIGN			Date X 11/22/98		
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. 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 11/16/98 Daytime Phone # (561) 827-9663		

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