

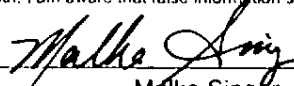


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
<div style="display: flex; justify-content: space-between;"><div>DOCUMENT # <u>L2000021410</u></div><div style="text-align: right;">300439921293 11/20/24--01010--005 **243.75</div></div>			
1. Limited Liability Company's Name Bais Yisroel Community Center of Tampa Bay		CR2E041 (1/14)	
2. Principal Office Address - No P.O. Box # 16406 Little Garden Dr		4. State/Country of Formation Florida/USA	
Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida 07/31/2020	
City & State Wimauma, Florida		6. FEI Number 85-2320855 <div style="display: flex; justify-content: flex-end;"><input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</div>	
Zip 33598	Country USA	7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	
3. Mailing Office Address		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">REINSTATEMENT</div> <div style="font-size: 3em; font-family: cursive;">2024</div>	
8. Name and Address of Current Registered Agent			
Name Malka Singer			
Street Address (P.O. Box Number is Not Acceptable) Suite, 16406 Little Garden Dr			
Apt. #, Etc.			
City Wimauma	State FL	Zip Code 33598	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div>Signature of Registered Agent  REGISTERED AGENT MUST SIGN</div><div>Date 11/8/2024</div></div>			
10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
VP	Malka Singer	16406 Little Garden Dr	Wimauma, FL 33598
AR	Yisroel Taussig	16406 Little Garden Dr	Wimauma, FL 33598
AR	Aaron Taussig	16406 Little Garden Dr	Wimauma, FL 33598
11. E-mail Address: malkataussig@gmail.com <div style="text-align: right; margin-top: 5px;">NOV 20 2024 M. WILLIAMS</div>			
12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S. <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div>Signature of authorized representative/member  Typed or printed name of signing authorized representative/member Malka Singer</div><div>Date 11/8/2024</div><div>Daytime Phone # 718-810-7337</div></div>			