

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

1997 NOV 12 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR *an*
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L46123**

1. Corporation Name
JOEL ISRAEL CERTIFICATES CORP.

Principal Place of Business
**777 ARTHUR GODFREY RD
4TH FL
MIAMI BEACH FL 33140
US**

Mailing Address
**777 ARTHUR GODFREY RD. 4TH FL
PO BOX 403006
MIAMI BEACH FL 33140
US**



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business In Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/30/1990	
City & State		City & State		5. FEI Number 65-0173623	
Zip		Country		Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D, P	ISRAEL, JOEL	777 ARTHUR GODFRAY RD., 4TH FLOOR	MIAMI BEACH FL 33140
D	ISRAEL, FRONA	777 ARTHUR GODFRAY RD., 4TH FLOOR	MIAMI BEACH FL 33140
			200002348012--0 -11/14/97-01103-023 ****750.00 ****750.00
			REINSTATEMENT <i>9/28/97</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**ISRAEL, JOEL
11436 NO. BAYSHORE DR.
NO. MIAMI FL 33181**

Name **ISRAEL, JOEL**
Street Address (P.O. Box Number is Not Acceptable) **777 Arthur Godfrey Road**
Suite, Apt. #, Etc. **4th Floor / do Seymour Rubin**
City **Miami Beach** State **FL** Zip Code **33140**

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

Joel Israel

REGISTERED AGENT MUST SIGN

Date

11/06/1997

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(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:

Joel Israel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/06/1997

Daytime Phone #

305(538-4314)

CPRE040 (8/97)