

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS



FILED

02 OCT 31 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M78595

1. Corporation Name

TORAH EDUCATIONAL SOFTWARE, INC.

Principal Place of Business

455 RT 306
MONSEY NY 10952
US

Mailing Address

455 RT 306
MONSEY NY 10952
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/29/1988

5. FEI Number

65-0058911

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VSD	MILGRAM, JEFFREY	455 RT 306	MONSEY NY 10952
PTD	FISHMAN, EMANUEL	455 RT 306	MONSEY NY 10952

400008733454
10/31/02--01101--016 **158.75

8. Name and Address of Current Registered Agent

MILGRAM, JEFF
1119 RUSSELL DR.
HIGHLAND BEACH FL 33487

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Jeffrey S. Milgram
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/30/02

11. 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:

Jeffrey S. Milgram
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P. - Secretary 10/30/02

Date

Daytime Phone # 8218-675-5280

CR2E040 (8/02)

**TORAH EDUCATIONAL SOFTWARE, INC
455 ROUTE 306
MONSEY, NY 10952**

Florida Dept of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

October 30, 2002

Gentlemen:

Enclosed please our Application for Reinstatement, fee and attached statement. Please advise us as soon as we are reinstated. We have implemented a policy to insure that this will not happen in the future.

Sincerely,

Jeffrey Milgram, Vice president and secretary

A handwritten signature in cursive script, appearing to read "Jeffrey S. Milgram", followed by a horizontal line.

TORAH EDUCATIONAL SOFTWARE, INC
455 ROUTE 306
MONSEY, NY 10952

Florida Dept of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

October 30, 2002

Gentlemen:

Please be advised that our company records indicate that we have not received any prior UBR notices. The enclosed notice is the first one received.

Sincerely,

Jeffrey Milgram, Vice president, secretary and registered agent

A handwritten signature in dark ink, appearing to read "Jeffrey S. Milgram", followed by a horizontal line.