

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000000636

FILED
Oct 20, 2004
Secretary of State**Entity Name:** GREATER MIAMI HILLEL FOUNDATION, INC.**Current Principal Place of Business:**1100 STANFORD DRIVE
CORAL GABLES, FL 33146**New Principal Place of Business:****Current Mailing Address:**1100 STANFORD DRIVE
CORAL GABLES, FL 33146**New Mailing Address:****FEI Number:** 53-0238141 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**Name and Address of Current Registered Agent:**SKOLNIK, LINDA
1100 STANFORD DRIVE
CORAL GABLES, FL 33146 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** PD () Delete
Name: EHRENSTEIN, MICHAEL D
Address: 1100 STANFORD DRIVE
City-St-Zip: CORAL GABLES, FL 33146**Title:** DV () Delete
Name: SKOLNIK, LINDA
Address: 1100 STANFORD DRIVE
City-St-Zip: CORAL GABLES, FL 33146**Title:** STD () Delete
Name: GOLDSTEIN, HOWARD
Address: 1100 STANFORD DRIVE
City-St-Zip: CORAL GABLES, FL 33146**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA SKOLNIK

DIR

10/20/2004

Electronic Signature of Signing Officer or Director_____
Date