## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|  |                                      | ORATION FATEMENT  FLORIDA DEPAR Secreta DIVISION OF |  |   |   |                | tate  |                                       | SECRETARY OF STATE DIVISION OF CORPORATIONS  97 NOV -9 PM 3: 05 |  |
|--|--------------------------------------|---|--|---|---|----------------|---|---------------------------------------|---|--|
| DOCUMENT # N0100000636  1. Corporation Name  |                                      |   |  |   |   |                |   |                                       |   |  |
| Miami Hillel Foundation, Inc, a Florida not-for-profit corporation   |                                      |   |  |   |   |                |   |                                       |   |  |
| 2. Principal Office Address - No P.O. Box # 1100 Stanford Dr. 3. N   |                                      |   |  |   | Mailing Office Address<br>00 Stanford Dr. |                |   | 08/3                                  | CR2E081 (1/07) 04//   |  |
| Suite, Apt. #, etc.  |                                      |   |  | Suite, Apt. #,                                | Suite, Apt. #, etc.                       |                |   |                                       | porated or Qualified Interest in Florida December 31,1943       |  |
| City & State<br>Coral Gables, FL   |                                      |   |  | Coral Gables, FL                              |   |                | L   | 53-0238141 Applied For Not Applicable |   |  |
| 33146  |                                      | Country   |  | <sup>Zip</sup> 33146                          |   | Coun           |   | 6.<br>CERTIFICATI                     |   |  |
| , 7. Name and Address of Current Registered Agent  |                                      |   |  |   |   |                |   |                                       |   |  |
| Name Sidney M. Pertnoy   |                                      |   |  |   |   |                | The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement |                                       |   |  |
| Street Address (P.O. Box Number is Not Acceptable) Flagler St.   |                                      |   |  |   |   |                |   |                                       |   |  |
| 2000 <sup>#, Etc.</sup>  |                                      |   |  |   |   |                |   |                                       |   |  |
|  |                                      |   |  |   |   | State Zip Code |   |                                       | fee be waived.  |  |
| Miami  |                                      |   |  |   |   | FL             | 33 130  |                                       |   |  |
| 8. I, being appointed the registered agent of the above named conforation, am familiar with and accept the obling signature of Registered Agent REGISTERED AGENT MUST SIGN   |                                      |   |  |   |   |                |   | obligations of sect                   | Date  |  |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  |                                      |   |  |   |   |                |   |                                       |   |  |
| Titles   | Name of<br>Officers and/or Directors |   |  | Street Address of Ea<br>Officer and/or Direct |   |                |   |                                       | City / State / Zip  |  |
| D  | Sidney M. Pertnoy                    |   |  |   | Suite 2000 - 150 W. Flagler St            |                |   | Flagler St.                           | Mlami, FL 33130   |  |
| P/V/S/T/D  | Melina Gimal                         |   |  |   | 19380 Collins Avenue, Apt. 703            |                |   | e, Apt. 703                           | Sunny Isles Beach, FL 33160                                     |  |
| D  | Robyn Fisher                         |   |  |   | 7540 SW 114 Street                        |                |   | eet                                   | Miami, FL 33156   |  |
| D  | David                                | ohael   |  | 260 Amherst Court, NE                         |   |                | t, NE   | Atlanta, GA 30328                     |   |  |
| D  | Danis                                | gudin   |  | 18 Bosworth Road                              |   |                | t   | Framingham, MA 01701                  |   |  |
|  |                                      |   |  |   |   |                |   |                                       |   |  |
| 10. 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 filling 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 contained in Chapter 119, 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:  Sidney M. Pertnoy  11/5/07  305-371-2223 |                                      |   |  |   |   |                |   |                                       |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  |                                      |   |  |   |   |                |   |                                       |   |  |