PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT# N01000000636

1. Corporation Name

GREATER MIAMI HILLEL FOUNDATION, INC.

Principal Place of Business

Mailing Address

O3 HOV 14 AM 8: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1100 STANI CORAL GAI	3	ORD DRIVE LES FL 33146			STATEMENT 03						
If above a	ddresses are	incorrect in any way, line thro	ough incorrect in	formation a	ind enter	correction below.		**************************************		26.251 - F.	
2. New Pri	ncipal Office A	Address, If Applicable	3. New Mailir	ng Office Ac	dress, If	Applicable	Date Incorp To Do Busir	orated or Qualified ness in Florida	01/26/2	0001	
Suite, Apt.	#, etc.		Suite, Apt. #,	#, etc.			5. FEI Number		01/20/2	Applied For	
City & State	9	- ,	City & State					53-0238141		Not Applicable	
Zip _	Zip Country		Žip Co		Country	у	6. CERTIFICATE OF STATUS DESIRED for a		\$8.75 Add for a Ce	litional Fee required rtificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)											
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip			
PD	EHRENSTEIN, MICHAEL D			1100 ST	ANFORE	DRIVE		CORAL GABLES FL 33146			
DV	SKOLNIEK SKOLN		1100 STANFORD DRIVE				CORAL GABLES FL	33146			
STD	GOLDSTE	N, HOWARD		1100 ST	ANFORE	DRIVE		CORAL GABLES FL	33146		
							117747	1024706! 301047011	533 **61,	.25	
	,										
8. Name and Address of Current Registered Agent					t 9. Name and Address of New Registered Agent						
KANTROWITZ, DOLORES LINDA SKOLNIK. 1100 STANFORD DRIVE CORAL GABLES FL 33146						Street Address (P.O. Box Number is Not Acceptable) Suite: App. #, Etc. City, State Zip Code					
Coral								6ab/6 FL 33146			
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 REGISTERED AGENT MUST SIGN											

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/03

305-665-69₄8

Daytime Phone #

CHZE040 (7/03)



Serving Jewish Students at The University of Miami Florida International University Barry University St. Thomas University Johnson & Wales University Miami-Dade Community College Department of State Division of Corporations P O Box 6327 Tallahassee, FL 32314

Attn: Reinstatement

President Michael Ehrenstein

I am writing to inform you that this is the first time I received this form.

Members
Howard Goldstein
Sherry Horwich
Alan J. Kluger
Debby Koenigsberg
Jeremy Larkin
Laurence Rose

Until last month there were two Hillel Organizations occupying this building and I believe our correspondence became confused. This was especially confusing because of Dolores Kantrowitz being listed as the registered agent. She hasn't been with our organization for over a year.

Executive Director Linda L. Skolnik

Edward Strongin

I'm hoping that you will forgive the reinstatement fee. Please contact me if there any questions. Thank you.

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Linda L. Skolnik

Executive-Director