

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 NOV 12 PM 12: 07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N01000006407

1. Corporation Name

Frances Sonnenschein Bald & Joseph Bald Foundation, Inc.

2. Principal Office Address - No P.O. Box #

4101 Pinetree Drive

Suite, Apt. #, etc.

1720

City & State

Miami Beach, FL

Zip

33140

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT** 07-09

CR2E081 (11/09)

DC 11/12

4. Date Incorporated or Qualified  
To Do Business in Florida 09/10/2001

5. FEI Number  
65-1137103

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Joseph Bald

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

4101 Pinetree Drive

Suite, Apt. #, Etc.

1720

City

Miami Beach

State

FL

Zip Code

33140

☒ 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  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Joseph Bald*  
REGISTERED AGENT MUST SIGN

Date

11/11/09

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
S/T/D	Rabbi Howard Bald	900 Woodgate Avenue	Long Branch, NJ
P/D	Joseph Bald	4101 Pinetree Dr #1720	Miami, Florida 33140
VP/D	Devorah Bald	1739 Ehria Ave	Far Rockaway, NY 11691
VP/D	Melanie Freinden	34 Taashur Street	Beit Shemish. Israel 99544

300162758413  
11/12/09 01004 008 \*\*193.75

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

*Joseph Bald* PRES.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/11/09

Daytime Phone #