

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 DEC 20 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000008414**

1. Corporation Name

**TORAS CHAIM DEVELOPMENT CORPORATION, INC.**

000009307500  
12/03/02--01013--003 \*\*175.00

Principal Place of Business

Mailing Address

C/O RABBI YISROEL NIMAN  
1051 N MIAMI BEACH BLVD  
NORTH MIAMI BEACH FL 33162

C/O RABBI YISROEL NIMAN  
1051 N MIAMI BEACH BLVD  
NORTH MIAMI BEACH FL 33162



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

2. New Principal Office Address, If Applicable  
**1025 N.E. MIAMI GARDENS DR.**

3. New Mailing Office Address, If Applicable  
**1025 N.E. MIAMI GARDENS DR.**

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/30/2001**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**65-1157826**

Applied For

Not Applicable

City & State

City & State

Zip **33179**

Country

Zip **33179**

Country

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
P	ARON LAMPENT	4465 N. MERIDIAN AVE	M.B., FL - 33140
VP	RABBI BENTZION CHAIT	665 N.E. 175 ST.	N.M.B., FL - 33162
V.S	RABBI YISROEL Y. NIMAN	4595 NAUTILUS CT.	M.B., FL - 33140
T	RABBI BENYAMIN LUBAN	930 N.E. 175 ST	N.M.B., FL - 33162

8. Name and Address of Current Registered Agent

CHAIT, RABBI BENTZION  
C/O YESHIVA TORAS EMES  
1051 NORTH MIAMI BEACH BLVD  
NORTH MIAMI BEACH FL 33162

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

**10/28/02**

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**305-944-1344**

CR2E040 (8/02)