

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 MAY -7 AM 8:40

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # No 1369

1. Corporation Name

National Council of Jewish Women,  
Gold Coast Section

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4702 MARTINIQUE Drive

A-4

COCONUT CREEK, FL.

33066

BROWARD

**REINSTATEMENT 87-07**

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

02/09/84

5. FEI Number

59-984092

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

JANET SAVELLE SO. TT

5821 UNIVERSITY DRIVE

103

CORAL SPRINGS

FL

33067

☐ 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

Janet Solitt

REGISTERED AGENT MUST SIGN

Date 5/3/07

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
PRES.	ESTHER GOLD	3102 PORTOFINO PT. 023	COCONUT CREEK, FL 33066
Vicepres.	HARRIET SHLAM	2903 VICTORIA Circle F-2	COCONUT CREEK, FL 33066
TREAS.	HELEN RUBIN	4702 MARTINIQUE Drive A-4	COCONUT CREEK, FL 33066
		<u>\$75/16</u>	
			400103040344 05/22/07--01052--017 **1461.25

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 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 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:

Helen Rubin (HELEN RUBIN)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/4/07 954-970-6701

Daytime Phone #