

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03000007081

1. Corporation Name

FRIENDS OF THE BIYALA YESHIVA CORP.

2. Principal Office Address

725 NE 178th St.

Suite, Apt. #, etc.

3. Mailing Office Address

725 NE 178th St.

Suite, Apt. #, etc.

City & State

Miami, Fl.

City & State

Miami, Fl.

Zip

33162

Country

Zip

33162

Country

4. Date Incorporated or Qualified
To Do Business in Florida

August 18, 2003

5. FEI Number

03-0526866

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

Sam Lev

Street Address (P.O. Box Numbers Not Acceptable)

725 NE 178th St.

Suite, Apt. #, Etc.

City

Miami,

State

FL

Zip Code

33162

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

Sam Lev

Date December 13, 2005

REGISTERED AGENT MUST SIGN

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
0	Sam Lev	725 NE 178th St.	Miami, Fl. 33162
0	Zev Duetch	1403 44th St.	Brooklyn, N. Y. 11219
0	Avi Loefer	1369 58th St.	Brooklyn, N. Y. 11219

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 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:

Sam Lev

December 13, 2005 305 610-9834

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #