

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

10 FEB -4 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03000007081

1. Corporation Name:

FRIENDS OF THE BIYALA YESHIVA CORP.

REINSTATEMENT 06-10

600167986256
02/04/10--01005--023 **\$15.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box # 199 Lee Ave.		3. Mailing Office Address Same	
Suite, Apt. #, etc. 178		Suite, Apt. #, etc.	
City & State Brooklyn, N. Y.		City & State	
Zip 11211	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 08/18/2003	
5. FEI Number 03-0526866	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Eunice Gallets	
Street Address (P.O. Box Number is Not Acceptable) 2825 SW 22nd Ave. Ste.	
Suite, Apt. #, Etc. 105	
City Delray Beach	State FL
Zip Code 33445	

☒ 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

Eunice Gallets
REGISTERED AGENT MUST SIGN

Date 1-27-10

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
D	Jacob Friedman	1504 40th St.	Brooklyn, NY 11218
D	Bernard Ackerman	37 Forest Rd.	Monroe, N.Y. 10950
D	Herman Goldberger	2 Preshburg Blvd.	Monroe, N.Y. 10950

10. E-mail Address: *RAMIRO@WCSMART.BIZ*

(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: *Bernard Ackerman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-10

718 781-5752

Date

Daytime Phone #