

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # NO4000000626

1. Corporation Name Jewish united way of A.L.Y.  
INC.

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

625 42<sup>nd</sup> ST

Suite, Apt. #, etc.

City & State

Miami Beach FL

Zip

33140

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FL

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

Jan 20, 04

5. FEI Number

20-3554565

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

Yael Kalos

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

625 42<sup>nd</sup> ST

Suite, Apt. #, Etc.

City

Miami Bch

State

FL

Zip Code

33140

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

Yael Kalos  
REGISTERED AGENT MUST SIGN

Date

Feb 16, 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
<u>DE</u>	<u>Yael Kalos</u>	<u>625 W 42<sup>nd</sup> ST</u>	<u>Miami Bch FL</u> <u>33140</u>
<u>DE</u>	<u>Jonathan Roed</u>	<u>625 W 42<sup>nd</sup> ST</u>	<u>Miami Bch FL 33140</u>
<u>D</u>	<u>Leah Bedizner</u>	<u>625 W 42<sup>nd</sup> ST</u>	<u>Miami Bch FL 33140</u>

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:

Yael Kalos  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Feb 16, 07

Daytime Phone #

305  
532-5758

FILED

07 FEB 28 AM 8:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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03/06/07--01026--033 \*\*8.75

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