

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 APR 10 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000000639

1. Corporation Name

KEHILA TESHUVAH YISRAEL, INC

100097296571
04/18/07--01009--021 **308.75

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

8251 SW 12 TERRACE

3. Mailing Office Address

8251 SW 12 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33144

Country

USA

Zip

33144

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/16/2004

5. FEI Number

203363270

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

DAGOBERTO CRUZ

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

8251 SW 12 TERRACE

Suite, Apt. #, Etc.

City

MIAMI, FL.

State
FL

Zip Code
33144

☒ 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

REGISTERED AGENT MUST SIGN

Date

02/05/2007

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 | DAGOBERTO CRUZ | 8251 SW 12 TERRACE | MIAMI, FL. 33144 |
| VICE PRES | DIAMARY IGLESIAS | 8251 SW 12 TERRACE | MIAMI, FL. 33144 |
| VICE PRES | ISRAEL JIMENEZ | 8251 SW 12 TERRACE | MIAMI, FL. 33144 |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/05/2007

Date

305-551-2115

Daytime Phone #