PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE DIVISION OF CORPORATIONS 08 FFR 11	
DOCUMENT # NOS DOODO 1496 1. Corporation Name]	08 FEB 11 PM 2: 26
INTERNATIONAL ASSOCIATION OF			
JEWISH Public SAFETY Employees, INC.			
Emplayees, INC.			
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address		1	、
20533 BISCAGNE Block		CR2E081 (1/07)	
Suite, Apt. #, etc.		4. 2000	
Z44 City & State City & State			porated or Qualified ness in Florida
HUENTURA FL		5. FEI Numbe	
Zip Country Zip	Country	33-/	Not Applicable
33/80 USA		CERTIFICATE	S\$.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		,	
Name Darcy M. Manker		The reinstatement fee is imposed, except in	
Street Address (P.O. Box Nupriper is Not Acceptable)		circumstances which the entity did not receive the prior notices. By checking this box, you	
20533 BISCAYNEBLUD		are certifying the prior notices were not	
244		received and requesting the reinstatement fee be waived.	
City Aventura	State Zip Code FL 33/80		
8. I, being appointed the registered agent of the above frames corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent Date 12/30/07			
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 Directo	r	City / State / Zip
STEUE LEIBOUITZ	20533 BISCAYNE SUITE 2	とチチ 🗁	AURUTURA, FL 3280 MUF14233525
DA Barry Markes	20533BBC. 6/UD 244 AURO +UCAFC 33/2		
D FRUING HELLER	20533 bre Bla	5/E 1) 244-	AUENTUCATE 33/80
PENSTATEMENT DG-08 B 2/12/18			
		02/20	00114233525 08-0005-006 **61.25
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 rightness 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 docurate and my signature shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE: Date Daytime Phone #			