PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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14 SEP 23 AM 8:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # N08000004722

1. Corporation Name

DOV BER AND RAFAEL INSTITUTE OF HALACHAH, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3301 Pine Tree Dr.	3301 Pine Tree Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Miami Beach, FL	Miami Beach, FL
Zip: 33140 Country: USA	Zip: 33140 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 05/14/2008

5. Fei Number: NONE — X 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: Jonathan Fields

Street Address (P.O. Box Number is Not Acceptable): 3301 Pine Tree Dr.

Suite, Apt. #, Etc.

City: Miami Beach 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: Kristine Duran, Attorney-in-Fact Date: 09/23/2014

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
PD	Jonathan Fields	3301 Pine Tree Dr.	Miami Beach, FL 33410
SD	Esther Fields	3301 Pine Tree Dr.	Miami Beach, FL 33410
	REINSTATEMENT	SEP 23 2014 R. HUNT	

10. E-mail Address: efields618@aol.com

(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., and 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Jonathan Fields, President/Director by: Kristine Duran, Attorney-in-Fact 09/23/2014 (561) 694-8107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT
DOV BER AND RAFAEL INSTITUTE OF HALACHAH, INC.

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SEP 23 2014

R. HUNT