PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 DEC 31 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N09463

1. Corporation Name

Young Israel of Sunny Isles Inc

2. Principal Office Address	3. Mailing Office Address
17395 N Bay Road	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sunny Isles Beach FL	City & State: same
Zip: 33160 Country: 33160 USA	Zip: ---- Country: 33160 USA

4. Date Incorporated or Qualified To Do Business in Florida: 5/24/85

5. FEI Number: 65-0664550 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ XXXXXX $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: David M Dobin

Street Address (P.O. Box Number is Not Acceptable): 4555 Adams Avenue

Suite, Apt. #, Etc.: Miami Beach FL 33140

City: Miami Beach State: FL Zip Code: 33140

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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: David M Dobin Date: 12/19/01
REGISTERED AGENT MUST SIGN

CR2E031 (9/00)

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
P/D	Fred Goldschmidt	17395 N Bay Road	Sunny Isles Beach fl 33160
S/T/D	Phil Issacs	17395 N Bay Road	Sunny Isles Beach FL 33160
AS/D	David M Dobin	4555 Adams Avenue	Miami Beach FL 33140
		REINSTATEMENT	86-01
			FS

10. I certify that I am an officer or director of 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 under section 119.07(3)(i), 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.

305-534-0419

SIGNATURE: David M Dobin Asst Secy & Director 12/19/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

305-5