PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.				
	FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations		元州 版图 15 FEB 10 私州 B-08	
DOCUMENT # N11000008730 1. Corporation Name			HERRETARY OF TATE	
The Boca Beach J 2. Principal Office Address - No P.O. Box #	ewish Center, INC			
120 NE 1st Ave	120 NE 1st Ave.	E 1st Ave.		
Suite, Apt. #, etc.		CR2E081 (11/10)  4. Date Incorporated or Qualified		
City & State		To Do Bus 09-14-2011 5. FEI Numb	er Applied For	
Boca Raton, FL		45-3322	481 Not Applicable	
33432 USA	33432 USA	6. CERTIFICA	TE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name Reuben New Street Address (P.O. Box Number is Not Acceptable) 120 NE 1st Ave Suite, Apt. #, Etc.			800269372528 01/02/1501024013 **236.25 800269372528	
Boca Raton FL 33432		02710	800269372528 02/10/1501035003 **131.25	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Signature of Registered Agent			ion 607.0505 or 617.0503, F.S. Date 02-05-2015	
News of	d/or Director (Florida nonprofit corporations must list a Street Address of Ea			
Officers and/or Directors	Officer and/or Direct	or	City / State / Zip	
D Reuben Nev		-	Boca Raton FL 33432	
D Moishe Denb	urg 17950 Militar	y Trail	Boca Raton FL 33496	
D Yaakov Fell	ig 3713 Main	Hwy	Miami FL 33133	
REINSTATEMENT				
		EB 3 0 2015		
	R. HUNT			
10. E-mail Address: rabbimew@gmail.com (To be used for future annual report notification) (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 517, F.S. Hurther 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 is a document to the Department of State constitutes a third degree fetony as provided for in s.817.155, F.S.         SIGNATURE:       02-05-15       561-417-7797         SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR       Date       Daytime Phone #				

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