

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC -4 PM 5:10

DOCUMENT # N24239

1. Corporation Name

HATIKVAH FAMILY, INC.

Principal Place of Business

Mailing Address

4180 CORAL SPRINGS DR.
C/O YVONNE GINSBERG
CORAL SPRINGS FL 33065
US

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C/O YVONNE GINSBERG
CORAL SPRINGS FL 33065
US



REINSTATEMENT

DD

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/06/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0381536

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 | 2 | 3 | 4 |
|---------------|--------------------------------------|---|--------------------------------|
| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
| BS | BINDER, ANNE | 8736 ESCONDIDO WAY EAST | BOCA RATON FL 33433 |
| DV | FINKEL, SYDNEY | 18081 BISCAYNE BLVD. | N MIAMI BEACH FL |
| DT | GRIFFIN, JOSEPH | 1600 SW 9TH STREET | FT LAUDERDALE FL 33312 |
| D | COOPER, SUSAN | 11550 S OPEN CT | COOPER CITY FL 33026 |
| D/S | SPEIGEL, ANNETTE | C/O BINDER 8736 ESCONDIDO WAY EA | BOCA RATON FL 33433 |
| DP | GINSBERG, YVONNE | 3121 N 52ND AVE | HOLLYWOOD FL |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

| | | | |
|--|--|-----------------------|----------|
| GINSBERG, YVONNE 3121 NORTH 52ND AVENUE HOLLYWOOD FL 33021 | Name | 30000035000639 5 | |
| | Street Address (P.O. Box Number is Not Acceptable) | -12/13/00--01114--012 | |
| | Suite, Apt. #, Etc. | ***236.25 ***236.25 | |
| | City | State | Zip Code |
| | | FL | |

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-27-00

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. 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Yvonne Ginsberg
President

11-28-00
Date

954 344 7642
Daytime Phone #