

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

B 182

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N 24239

1. Corporation Name

HATIKVAH FAMILY, INC.

REINSTATEMENT 05

2. Principal Office Address

233 N.W. 95th Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

1208 N.W. 97th Ave.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

City & State

PEMBROKE PINES, FL

Zip

33065

Country

BROWARD

Zip

33024

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

1/6/1988

5. FEI Number

65-0581536

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (8/95)arts NOV 14 2005

7. Name and Address of Current Registered Agent

Name

KAREN BOSSERT

Street Address (P.O. Box Number is Not Acceptable)

2333 W.W. 95th Ave.

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33065

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

[Signature]

Date

10/17/2005

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
✓ Pres	ELAINE TEANNER	1208 N.W. 97th Ave.	PEMBROKE PINES, FL 33024
✓ Director	CAROL TREERY	2542 S.E. 2nd Ave	DEERFIELD BEACH FL 33441
Director	SUSAN VICTOR	217 E. BAYRIDGE DR.	WESTON, FL 33326
Director	ARI PORTH	9557 N.W. 28th St.	CORAL SPRINGS, FL 33065
✓ Director	RICK FREISTAT	8622 N.W. 1st St.	CORAL SPRINGS, FL 33021

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11/10/05--01034--020 **\$1.25

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 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:

Elaine Teanner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/7/2005 (954)232-1679

Daytime Phone #

ps282

HATIKVAH FAMILY, INC.
2333 N.W. 95th Avenue
Coral Springs, Florida 33065

November 7, 2005

Florida Dept. Of State
Secretary of State
Glenda E. Hood
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

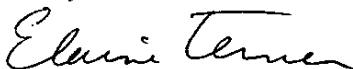
Re: Hatikvah Family, Inc. - Document No. N24239

Dear Madame Secretary:

Enclosed please find the completed Corporation Reinstatement form together with a check in the amount of \$61.00 for filing. We did not receive a prior notice to file our Annual Report and just received the Notice of Dissolution. Therefore, please waive the reinstatement fee. This non-profit corporation is a group home for mentally challenged adults.

Thank you for your consideration.

Very Truly Yours,



Elaine Turner, President

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