

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

07 JAN 29 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-07



01242007 REIN-NP CR2E099 (1/07)

DOCUMENT # N40167 1. Entity Name COMMISSION FOR JEWISH EDUCATION OF THE PALM BEACHES, INC.			
Principal Place of Business 3267 N MILITARY TRAIL WEST PALM BEACH, FL 33409		Mailing Address 3267 N MILITARY TRAIL WEST PALM BEACH, FL 33409	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 65-0219982		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCHAUDE, STEVEN 3267 N MILITARY TRAIL WEST PALM BEACH, FL 33409	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* Executive Director 1/24/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS: \$122:50 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. **Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	S LIST, CYNNIE <input checked="" type="checkbox"/> Delete	TITLE	Dr. Norma J. Schulman- <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Waltzer 9245 S.E. Cover Point Street Teguesta, FL 33469 Secretary
STREET ADDRESS	2727 EMBASSY DR	STREET ADDRESS	9245 S.E. Cover Point Street
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	CITY-ST-ZIP	Teguesta, FL 33469
TITLE	V BALDINGER, JIM <input checked="" type="checkbox"/> Delete	TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2580 TECUMECH DR	STREET ADDRESS	2580 Tecumeh Dr.
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	CITY-ST-ZIP	West Palm Beach, FL 33409
TITLE	T WARSETT, SUSAN <input checked="" type="checkbox"/> Delete	TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	916 WESTWIND DR	STREET ADDRESS	Neil E. Fron 2637 Mohawk Circle
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	CITY-ST-ZIP	West Palm Beach, FL 33409
TITLE	D SCHAUDER, STEVEN <input type="checkbox"/> Delete	TITLE	First Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1700 EMBASSY DR	STREET ADDRESS	Debbie Shapiro 94039 Grand Estates Way
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	CITY-ST-ZIP	Boca Raton, FL 33496
TITLE	P SCHULMAN, ELIZABETH E DR <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	377 NORTH LAKE WAY	STREET ADDRESS	600087203896
CITY-ST-ZIP	PALM BEACH, FL 33480	CITY-ST-ZIP	02/05/07--01003--019 **131.25
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addendum, with all other like empowered.

SIGNATURE: *[Signature]* 1/24/07 (561) 640-0700

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

nc 1/31