

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N43903**

1. Corporation Name

CALIFORNIA CLUB SHUL, INC.

Principal Place of Business

850 IVES DAIRY ROAD
T-13
NORTH MIAMI BEACH FL 33179

Mailing Address

850 IVES DAIRY ROAD
T-13
NORTH MIAMI BEACH FL 33179

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/14/1991

5. FEI Number

65-0456611

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	MANDAL CARLOS AVISHAI SLOCHOWSKY	850 IVES DAIRY ROAD (T-13)	NORTH MIAMI BEACH FL 33179
VPD	RUSS, RAFAEL	850 IVES DAIRY ROAD (T-13)	NORTH MIAMI BEACH FL 33179
TD	MANDOWSKY, JACQUES	850 IVES DAIRY ROAD (T-13)	NORTH MIAMI BEACH FL 33179

8. Name and Address of Current Registered Agent

MANDAL CARLOS
1574 NW 65 STREET
MIAMI FL 33169

9. Name and Address of New Registered Agent

Name
AVISHAI SLOCHOWSKY
Street Address (P.O. Box Number is Not Acceptable)
625 Golden Beach Drive
Suite, Apt. #, Etc.
City
Golden Beach
State
FL
Zip Code
33160

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 10/17/00

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.

JACQUES
Firma
SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.24.00

Date

Daytime Phone #

KE