

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N51240

1. Corporation Name

YOUNG ISRAEL OF MIAMI BEACH, INC.

Principal Place of Business

Mailing Address

4221 PINE TREE DR.
MIAMI BEACH FL 33140

4221 PINE TREE DR.
MIAMI BEACH FL 33140

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

REINSTATEMENT

98

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

10/05/1992

City & State

City & State

5. FEI Number

65-0368749

Applied For

Not Applicable

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DV	BOMZER, GARY	4510 JEFFERSON AVENUE	MIAMI BEACH FL
DP	LEFEROWITZ, MICHAEL	2980 RANKIN DRIVE	MIAMI BEACH, FL 33140
D	BOMZER, RENEE	4510 JEFFERSON AVENUE	MIAMI BEACH FL
D	RABINOWITZ, ROBERT	4742 COLLINGS AVE	MIAMI BEACH, FL 33140
DP	HERSCHMAN, ELIAS	4430 PINE TREE DR.	MIAMI BEACH FL
D	HERSCHMAN, MARCIA	4430 PINE TREE DR.	MIAMI BEACH FL
D	MENSH, NORMAN	4361 ROYAL PALM AVE.	MIAMI BEACH FL
D	SCHIMMEL, HOWARD	3311 PINETREE DR.	MIAMI BEACH FL 33140

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LERNER, HERBERT J.
777 ARTHUR GODFREY RD.
SECOND FLOOR
MIAMI BEACH FL 33140

Name

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

Suite, Apt. #, Etc.

City

100002733651--9

01/07/98 State of FL

***236 FL ***236 25

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 12/20/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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

12/20/98

Date

Daytime Phone #

(305)-538-9462