

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 4221 PINE TREE DR. MIAMI BEACH FL 33140 | Mailing Address 4221 PINE TREE DR. MIAMI BEACH FL 33140 |
|---|---|



REINSTATEMENT 98

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 10/05/1992 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. FEI Number 65-0368749 | |
| City & State | | City & State | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 | LEFKOWITZ, MICHAEL | 2980 RAMBOLD 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 LERNER, HERBERT J. 777 ARTHUR GODFREY RD. SECOND FLOOR MIAMI BEACH FL 33140 | | 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Not Acceptable) Suite, Apt. #, Etc. City | |
|---|--|---|--|

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]* **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]* **SIGNATURE REQUIRED** Date: 12/20/98 Daytime Phone #: (305)-538-9462

CR2E040 (9/88)