

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001830

1. Corporation Name

WEST BROWARD JEWISH CENTER, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

13000 SW 29 COURT

Suite, Apt. #, etc.

City & State

DAVIE, FL

Zip

33330

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 02-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/23/93

5. FEI Number

65-0413777

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DANIEL G. GASS, ESQ.

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

10001 NW 50 STREET #204

Suite, Apt. #, Etc.

City

SUNRISE

State

FL

Zip Code

33351

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

REGISTERED AGENT MUST SIGN

Date

8/2/04

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
DP	SIMON, RON	412 SW 12th COURT	FT. LAUDERDALE, FL 33315
DV	DELL, STEVEN	2404 HOLLYWOOD BLVD.	HOLLYWOOD, FL 33020
DT	REISS, STANLEY	9140 NW 14 STREET	PLANTATION, FL 33322

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/8/04

Daytime Phone #

954-424-4214

CR2E081 (01/04)