

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 FEB 11 AM 11:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-10

DOCUMENT # N93000001830

1. Corporation Name

West Broward Jewish Center, Inc.

2. Principal Office Address - No P.O. Box #

13000 S.W. 29th Court

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Davie, FL

City & State

Zip

33330

Country

Broward

Zip

33330

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04-23-1993

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

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

10001 N.W. 50 Street

Suite, Apt. #, Etc.

Suite 204

City

Sunrise

State

FL

Zip Code

33351

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 1/16/10

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
PD	Ron Simon	412 SW 12th Court	Ft. Lauderdale, FL 33315
VD	Steven Dell	2404 Hollywood Boulevard	Hollywood, FL 33020
TD	Stanley Reiss	9140 N.W. 14th Street	Plantation, FL 33322
S	Bernhard Pressler	13000 S.W. 29th Court	Davie, FL 33330
			X 2/12

10. E-mail Address: dpolito@atbsfl.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute the 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. I further certify, 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

Daytime Phone #