

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 FEB 23 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000000025**

1. Corporation Name

Community Interfaith Coalition

2. Principal Office Address

6394 LaSalle Drive

Suite, Apt. #, etc.

3. Mailing Office Address

6394 LaSalle Drive

Suite, Apt. #, etc.

City & State

Delray Beach FL

City & State

Delray Beach FL

Zip

33484

Country

United States

Zip

33484

Country

United States

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0633915

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

Silver, Barry

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

7777 Glades Rd #308

Suite, Apt. #, Etc.

City

Boca Raton FL 33434

State
FL

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

B. D. D. M. Silver

REGISTERED AGENT MUST SIGN

Date

1/27/01

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
P	Rosenthal, Bonnie	6606 NW 23rd Terrace	Boca Raton FL 33496
OS	Tarafdar, Iris	21520 Laguna Drive	Boca Raton FL 33433
D.T.	Bernard, William	6394 LaSalle Drive	Delray Beach FL 33484
Dir	Spencer, Richard H	6152 Verde Trail N	Boca Raton FL 33433
Dir	Steigman, Joan	6020 Golf Villas Dr.	Boca Raton Beach FL 33437
Dir	Silverberg, Sylvia	5961 NW 2nd Ave	Boca Raton FL 33487

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

William Bernard

January 25, 2001

Date

Daytime Phone #

561 496 6682

CR2E081 (9/99)