

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB -9 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94006000170

1. Corporation Name
MIAMI BEACH COMMUNITY KOLLEJ, INC.

2. Principal Office Address
3767 Chase Ave
Suite, Apt. #, etc.

3. Mailing Office Address
3767 Chase Ave
Suite, Apt. #, etc.

000028392800
07/17/03--01041--001 **35.00

City & State
Miami Beach FL
Zip 33140 Country USA

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Miami Beach FL
Zip 33140 Country USA

4. Date Incorporated or Qualified To Do Business in Florida Jan 12 1994
5. FEI Number 65-0458857
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 Berish Brann

Street Address (P.O. Box Number is Not Acceptable)
4570 Adams Ave

Suite, Apt. #, Etc.

City Miami Beach

State FL Zip Code 33140

000028392800
02/09/04--01015--005 **236.75

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 [Signature]
REGISTERED AGENT MUST SIGN

Date Feb 04 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
<u>P, D</u>	<u>Nahum Yaacov Gross</u>	<u>4230 Sheridan Ave</u>	<u>Miami Beach FL 33140</u>
<u>VP, D</u>	<u>Benjamin Schwed</u>	<u>5255 Collins Ave Apt 4J</u>	<u>Miami Beach FL 33140</u>
<u>D</u>	<u>Ari Lampert</u>	<u>4465 N. Meridian Ave</u>	<u>Miami Beach FL 33140</u>

REINSTATEMENT 04
T. Lewis 4/9/04

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] Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Feb 4 04 Daytime Phone # 305-532-8991

CR2E081 (10/02)