


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; align-items: center; justify-content: center;"><div style="text-align: center;">CORPORATION REINSTATEMENT</div><div style="margin: 0 10px;"></div><div style="text-align: center;">FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</div></div>		<p>FILED</p> <p>07 OCT -3 AM 11:48</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>	
DOCUMENT # <u>096 000000107</u>			
1. Corporation Name <u>Beth Hamidrash Magen Avraham, Inc.</u>			
2. Principal Office Address - No P.O. Box # <u>745 NE 179th Terrace</u>	3. Mailing Office Address <u>745 NE 179th Terrace</u>		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State <u>North Miami, FL</u>	City & State <u>North Miami, FL</u>		
Zip <u>33162-1134</u>	Country <u>US</u>		
Zip <u>33162-1134</u>	Country <u>US</u>		
7. Name and Address of Current Registered Agent			
Name <u>Avraham Bitton</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>745 NE 179th Terrace</u>			
Suite, Apt. #, Etc.			
City <u>North Miami</u>	State <u>FL</u>		
Zip Code <u>33162-1134</u>			
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 <u>[Signature]</u>	Date <u>10-1-07</u>		
REGISTERED AGENT MUST SIGN			
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,D	Avraham Rabah Bitton	745 NE 179th Terrace	North Miami, FL 33162-1134
S,D	Iris Edri	12321 NW 29th Place	Sunrise, FL 33323
VP,D	Solange Bitton	745 NE 179th Terrace	North Miami, FL 33162-1134
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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 contained in Chapter 119, 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: <u>[Signature]</u>		Avraham Rabah Bitton <u>10-1-07</u> <u>305-654-4038</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #