

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 12 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/23/07--01003--024 **927.50

DOCUMENT # N96000000194

1. Corporation Name

MIDRASH SEPHARDI INC.

2. Principal Office Address

1592 Harding Ave.

3. Mailing Office Address

7505 London Lane

Suite, Apt. #, etc.

2nd Floor

Suite, Apt. #, etc.

City & State

Surfside, FL

City & State

Boca Raton, FL

Zip

33154

Country

USA

Zip

33433

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

01/06/96

5. FEI Number

65-0665667

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 Ettegui

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

7505 London Lane

Suite, Apt. #, Etc.

City

Boca Raton

State
FL

Zip Code

33433

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

1/10/7

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
D.	Irwin Shaab	9809 Collins Ave.	Bal Harbour, FL 33154
D.	Jacob Farkas	94-90 E. Bay Harbour Drive	Bay Harbour Island, FL 33154
D.	Daniel Ettegui	7505 London Lane	Boca Raton, FL 33433

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/10/7

(561) 789-5967

Daytime Phone #

Q. Mitchell 1 JAN 12 2007

2082


**DANIEL ETTEDEGUI
7505 LONDON LANE
BOCA RATON, FLORIDA**

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Gentlemen:

In connection with the fee check accompanying the application for reinstatement of Midrash Sephardi Inc., please be advised that the corporation did not receive the annual report notices in the year of dissolution/revocation, i.e., in the year 2000. Accordingly, kindly waive the reinstatement fee.

Very truly yours,


Daniel Ettegui
Director and Secretary.