

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
08 NOV -3 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000002136

1. Entity Name
NATIONAL RABBINIC NETWORK, INC.



Principal Place of Business
20833 CIPRES WAY
BOCA RATON, FL 33433

Mailing Address
20833 CIPRES WAY
BOCA RATON, FL 33433

REINSTATEMENT 08



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10302008 REIN-NP CR2E099 (1/07)

City & State

City & State

4. FEI Number
65-0661997

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIEMER, RABBI J
20833 CIPRES WAY
BOCA RATON, FL 33433

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2009, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME RIEMER, RABBI J
STREET ADDRESS 18212 CLEARBROOK CIRCLE
CITY-ST-ZIP BOCA RATON, FL 33498

TITLE D ☐ Delete
NAME SINGER, RABBI M
STREET ADDRESS 333 S.W. 4TH AVENUE
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE D ☐ Delete
NAME STEINHARDT, RABBI D
STREET ADDRESS 6261 S.W. 18TH STREET
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE VP ☐ Delete
NAME RIEMER, SUE
STREET ADDRESS 18212 CLEARBROOK CIRCLE
CITY-ST-ZIP BOCA RATON, FL 33498

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 200137738562
CITY-ST-ZIP 11/07/08--01026--001 **\$61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-1-08 561 883-0736

2011/5