

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

01 MAR 21 AM 8:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N96000003836

1. Corporation Name

THE SHIFMAN FAMILY FOUNDATION FOR JEWISH MUSIC,  
INC.

Principal Place of Business

23157 BOCA CLUB COLONY CIR.  
BOCA RATON FL 33433

Mailing Address

P.O. BOX 2729  
BOCA RATON FL 33427-2729



REINSTATEMENT

00-01

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1775 Washington Ave

Suite, Apt. #, etc.

PH1

City & State  
Miami Beach FL

Zip 33139 Country USA

3. New Mailing Office Address, If Applicable

1775 Washington Ave

Suite, Apt. #, etc.

PH1

City & State  
Miami Beach FL

Zip 33139 Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida

07/22/1996

5. FEI Number

65-0690539

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	SHIFMAN, YEHUDA	7810 #108 LAGO DEL MAR	BOCA RATON FL 33433
D	GROSS, DAVID	2711 N.W. 28TH STREET	BOCA RATON FL 33433
TD	ROBINSON, JAMES	20815 PINAR TRAIL	BOCA RATON FL 33433
			500003932015--0 -03/30/01--01088--015 ****297.50 ****297.50 1/LS

8. Name and Address of Current Registered Agent

SHIFMAN, YEHUDA  
23157 BOCA CLUB COLONY CIR.  
BOCA RATON FL 33433  
RPM

9. Name and Address of New Registered Agent

Name

Yehuda Shifman

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

1775 Washington Ave

Suite, Apt. #, Etc.

PH1

City

Miami Beach

State

FL

Zip Code

33139

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 1/08/01

11. 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  
YEHUDA SHIFMAN

Date 1/08/01

Daytime Phone # 305-804-8007

CR2E040 (8/00)