

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 APR 19 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NA10000003862**

1. Corporation Name

JEWISH INSTITUTE FOR THE ARTS, INC.

2. Principal Office Address

9557 ISLAMORADA TERR

Suite, Apt. #, etc.

3. Mailing Office Address

9557 ISLAMORADA TERR

Suite, Apt. #, etc.

City & State

BOCA RATON

City & State

BOCA RATON FL

Zip

33496

Country

USA

Zip

33496

Country

USA

REINSTATEMENT

00-01

4. Date Incorporated or Qualified
To Do Business in Florida

July 23 / 1996

5. FEI Number

65-0689674

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

SHALOM GOLDBERG

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

9557 ISLAMORADA TERRACE

Suite, Apt. #, Etc.

100004195191-3

-05/11/01--01028--005

*****306.25 ***306.25**

City

BOCA RATON

State

FL

Zip Code

33496

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

2/16/2001

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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	SHALOM JP GOLDBERG	9557 ISLAMORADA TERR	BOCA RATON, FL 33496
D	VICTOR GOLDBERG	173 DORAL CT	ROSLYN, NY 11574
D	HARVEY CANTOR	6100 PITCH LANE	BOYNTON BEACH, FL 33437
D	MICHAEL WAGHALTER	494 ELM AVE	NORMAN, OK 73069
D	MAYER SWIATLO	CENTURY VILLAGE 4014 GUILFORD A	BOCA RATON, FL 33496

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 application are true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/16/2001

Daytime Phone # **561-4458500**
561-8835023

CR2E081 (9/00)