

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

01 JUL -9 PM 2:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N 9600000 4697**

1. Corporation Name

League for Educational Awareness  
of the Holocaust, Inc.

2. Principal Office Address

100 East Linton Blvd

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite 304A

Suite, Apt. #, etc.

City & State

Delray Beach

City & State

Zip

33483

Country

Palm Beach

Zip

Country

**REINSTATEMENT**

00-01

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0692399

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

Lesnick, Irving Harnett Lesnick & Bipps, PA

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

150 E. Palmetto Park Road

500004478065--3

-07/17/01--01001--002

Suite, Apt. #, Etc.

\*\*\*\*297.50

\*\*\*\*297.50

LS

City

Boca Raton

State

FL

Zip Code

33432

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

7/3/01

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
PD	Packman, Connie	17538 Tiffany Trace Drive	Boca Raton, FL 33487
VPD	Boyman, Nancy	1401 S. Ocean Blvd #206	Boca Raton, FL 33432
VPD	Leventhal, Elaine	17346 Ventana Dr.	Boca Raton, FL 33487
VPD	Hershon, Karol	22857 La Corniche Way	Boca Raton, FL 33433
SD	Dinnerstein, Gail	17659 Tiffany Trace Drive	Boca Raton, FL 33487
TD	Weissman, Phoda	17197 Balboa Point Way	Boca Raton, FL 33487

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 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:

Connie Packman President

7/02/2001

561.278.6565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (8/00)