PLEASE READ	ALI INCT	PLICTIONS	BEEODE C	OMDLET	INC THIS E	
APPLICATION FOR REINSTATEMENT	FLORID	A DEPARTMEI Sandra B. Mor Secretary of S	NT OF STATE tham State	1		
DOCUMENT # N9700003031  1. Corporation Name				99 JUL 30 PM 1: 48		
TORAH LIFE & LIVING , INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business Mailing Ad 17455 NE 6 AVE 17455 NE 0		(100			B IŠLIG JĖDIL BRAIL BRUG BRUG	
444 49444 94		CH FL 33162			i	
If above addresses are incorrect in any way, line through inco.  2. New Principal Office Address, if Applicable 3. New		correct information and enter correction below. lew Mailing Office Address, if Applicable			orated or Qualified	
Sulte, Apt. #, etc.  City & State	Sulte, Apt. #, etc.  City & State			5. FEI Number		05/23/1997 Applied For
<b>Zi</b> p Country	Zip	Country		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 (Fix  Name of Officers and/or Directors  2		orida nonprofit corporations must list at least 3 direct Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			4	City / State / Zip
P/D ROBERTS, SCOTT RIGE MARS		1100 N FEDERAL HWY STE 8			NO MIAMI BOM FL 20025 8314 2.	
V/D BERNSTEIN, JESS		18100 NE 10 AVE			NO MIAMI BCH FL 33162	
STO MARS. NOT.  MITCHELL FOGEL	2707 NE 207 67 2499 GLADES Rd, STE. 106			MIAMI FL 33102 FL. BOCA RATON, 33431		
	R	iligta:	[EMFM]	1	000029 -08/16/ ****29	9500912 79901007007 17.50 ****297.50
8. Name and Address of Current R	tegistered Age		EINFN	1.5	ddress of New Regis	TS stored Agent
SUSSMAN, MARK S 17001 NE 6 AVE NO MIAMI BCH FL 33162			Name (Serne) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
	City State Zip Code					
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 That I have a point of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Date 7/26/99  REGISTERED AGENT MUST SIGN						
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No No No (See other side for information on intangible tax.)						
12. 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: VALUE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYLING PHONE #						