PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

N97000003031 DOCUMENT

1. Corporation Name

TORAH LIFE & LIVING , INC.

Country

MARS, RICK >

BERNSTEIN, JESS

FOGEL, MITCHELL

Name of Officers

and/or Directors

8. Name and Address of Current Registered Agent

Principal Place of Business

Mailing Address

Suite, Apt. #, etc.

City & State

17455 NE 6 AVE NO MIAMI BCH FL 33162

Suite, Apt. #, etc.

City & State

Zip

Title(s)

PD

VD

STD

17455 NE 6 AVE . . NO MIAMI BCH FL 33162

If above addresses are incorrect in any way, line through incorrect information and enter correction bef 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must lis

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SECRETARY OF STATE TALLAHASSEE: FLORIDA

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ormation and enter correction below. g Office Address, If Applicable tc.		600025938736 01/02/0401051010 **236.25 4. Date Incorporated or Qualified To Do Business in Florida 05/23/1997			*236.25		
·- ·			5. FEI Number	65-0196864		Applied For Not Applicable	
	Country		6. CERTIFICATE	OF STATUS DESIRED		Additional Fee required a Certificate of Status	
da nonpro	fit corporation	ons must list at lea	st 3 directors)				
Street Address of Each Officer and/or Director				City / State / Zip			
2797 NE 207 ST.		;	MIAMI FL 33162				
18100 NE 10 AVE			NO MIAMI BCH FL 33162				
2499 GLADES RD, STE. 105			BOCA RATON FL 33431				
			,	_			
	_					10000	
t		Name and Address of New Registered Agent					
	Name						
	.	Street Address (F	Or Box Number is Not Acceptable)				
Suite, Apt. #, Etc							
					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. or 617.0505, F.S.

Signature of Registered Agent

SUSSMAN, MARK S

NO MIAMI BCH FL 33162

17001 NE 6 AVE

REGISTERED AGENT MUST SIGN

11.1 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 filling 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.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #