

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 OCT -8 PM 3:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
000136743200  
10/08/08--01026--001 \*\*122.50

REINSTATEMENT 07-08

CR2E081 (10/08)

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000003412

1. Corporation Name

JEWISH COMMUNITY CENTER OF PINE ISLAND

*Jewish Community Center of Pine Island Sound, Inc.*

2. Principal Office Address - No P.O. Box #

*4998 Curlew Drive*

Suite, Apt. #, etc.

*814*

City & State

*St James City, FL*

Zip

*33956*

Country

3. Mailing Office Address

*PO Box 33*

Suite, Apt. #, etc.

City & State

*St James City, FL*

Zip

*33956*

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

*6-12-97*

5. FEI Number

*05-0771612*

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

*Stone, Malcolm*

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

*4998 Curlew Drive*

Suite, Apt. #, Etc.

City

*St James City*

State

**FL**

Zip Code

*33956*

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

*\$122.50*

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

*Malcolm Stone*

REGISTERED AGENT MUST SIGN

Date *10-06-2008*

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
<i>D</i>	<i>Stone, Malcolm</i>	<i>4998 Curlew Dr</i>	<i>St James City, FL 33956</i>
<i>D</i>	<i>Feldman, Joyce</i>	<i>1256 Eider Ct.</i>	<i>Punta Gorda, FL 33950</i>
<i>D</i>	<i>Horvitz, Ruth</i>	<i>7280 Lady Fish</i>	<i>St James City, FL 33956</i>

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 contained in Chapter 119, 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:

*Malcolm Stone*

*Malcolm Stone*

*10-06-08*

*239-289-3188*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*10/8aw*