

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

APPLICATION
 FOR
 REINSTATEMENT

FILED
 01 FEB -9 PM 2:20
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **N97000005812**

1. Corporation Name
GESHER INSTITUTE, INC.

Principal Place of Business 7880 S.W. 112TH STREET MIAMI FL 33156	Mailing Address 7880 S.W. 112TH STREET MIAMI FL 33156
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REINSTATEMENT 0000-01

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 10/15/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
City & State		City & State		APPLIED FOR	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	LEWIN, ALAN MD	7880 S.W. 112TH STREET	MIAMI FL 33156
D	KARL, BOB	7880 S.W. 112TH STREET	MIAMI FL 33156
D	HERSHELBECKER, RABBI	7880 S.W. 112TH STREET	MIAMI FL 33156
			200003744952--5 -02/21/01--01040--020 *****61.25 *****61.25
			200003744952--5 -02/21/01--01040--021 ****236.25 ****236.25

8. Name and Address of Current Registered Agent KTG&S REGISTERED AGENT CORPORATION 100 S.E. 2ND STREET 28TH FLOOR MIAMI FL 33131		9. Name and Address of New Registered Agent Name: RABBI MORDECHAI SMOLARCIK Street Address (P.O. Box Number is Not Acceptable): 1100 NE 163RD ST. #404 Suite, Apt. #, Etc. City: N. Miami BCH State: FL Zip Code: 33162	
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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 X *[Signature]* REGISTERED AGENT MUST SIGN Date X **1/31/01**

11. 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: *[Signature]* **REQUIRED** X **12/2/00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KE

CR2040 (8/00)