

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N97000005812

1. Corporation Name

GESHER INSTITUTE, INC.

FILED
01 FEB -9 PM 2:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT 0000-01

Principal Place of Business

7880 S.W. 112TH STREET
MIAMI FL 33156

Mailing Address

7880 S.W. 112TH STREET
MIAMI FL 33156

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/15/1997

5. FEI Number

APPLIED FOR

Applied For

Not Applicable

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 (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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

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

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.

KE

SIGNATURE: REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 1/2/00

Date

Daytime Phone #

CR2E040 (8/00)