

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 02 MAR 14 AM 9:43
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N98000003070

1. Corporation Name
THE JACOB GOLDFARB CHARITABLE FOUNDATION, INC.

Principal Place of Business 1920 SOUTH OCEAN, #18-A HALLANDALE FL 33309	Mailing Address 1920 SOUTH OCEAN, #18-A HALLANDALE FL 33309
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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 05/29/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0837685	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$875 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	GOLDFARB, JACOB	1920 SOUTH OCEAN, #18-A	HALLANDALE FL 33309
D	GOLDFARB, MALKA	1920 SOUTH OCEAN, #18-A	HALLANDALE FL 33309
D	GOLDFARB, LILYPERSKY	1920 SOUTH OCEAN, #18-A	HALLANDALE FL 33309
			200005183532--8 -04/02/02--01054--031 *****288.75 *****288.75
			01-02 200005183532--8 -04/02/02--01054--032 *****8.75 *****8.75

8. Name and Address of Current Registered Agent GOLDFARB, JACOB 1920 SOUTH OCEAN, #18-A HALLANDALE FL 33309		9. Name and Address of New Registered Agent Name: Lili Goldfarb Perski Street Address (P.O. Box Number is Not Acceptable): 1920 S. Ocean Drive Suite, Apt., Etc.: Hallandale Fl. City: Hallandale Fl. State: FL Zip Code: 33309	
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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: [Signature] Date: 3/19/2002
 REGISTERED AGENT MUST SIGN

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] Date: 3/19/2002
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/01)