

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -7 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N99000006434**

1. Corporation Name

SOLOMON SCHECHTER SCHOOL OF SOUTH PALM BEACH COUNTY, INC.

Principal Place of Business

Mailing Address

**17037 ROYAL COVE WAY
BOCA RATON FL 33496**

**PO BOX 880732
BOCA RATON FL 33488**



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

2. New Principal Office Address, If Applicable

333 S.W. 4th Ave

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boca Raton, Florida

Zip

Country

Zip

Country

33432 U.S.A.

REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

10/28/1999

5. FEI Number

NOT APPLICABLE

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
PT	WISTON, BARBARA	17037 ROYAL COVE WAY	BOCA RATON FL 33496
VPT	SHOLK, IRENE	7785 DORCHESTER ROAD	BOYNTON BEACH FL 33437
VPT	LIPSITZ, BERNIE	4301 NORTH OCEAN BLVD APT A-602	BOCA RATON FL 33431
TT	RIFFIE, HELENE Shapiro, Jay	7411 NW 39TH STREET 20090 S. Boca W. Dr	LAUDERHILL FL 33319 Boca Raton, FL 33434

8. Name and Address of Current Registered Agent

**WISTON, BARBARA
17037 ROYAL COVE WAY
BOCA RATON FL 33496**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2ED40 (8/02)

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

SIGNATURE: [Signature]

REGISTERED AGENT MUST SIGN

Date

10/30/2002

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/30/2002