


# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N99000006434</b>	
1. Entity Name <b>SOLOMON SCHECHTER DAY SCHOOL OF PALM BEACH COUNTY, INC.</b>	

Principal Place of Business <b>333 S.W. 4TH AVE BOCA RATON, FL 33432</b>	Mailing Address <b>333 S.W. 4TH AVE BOCA RATON, FL 33432</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 OCT 25 AM 8:00

**REINSTATEMENT** 04

10202004 REIN-NP CR2E099 (6/04) *MRS*

6. Name and Address of Current Registered Agent	
<b>WISTON, BARBARA 17037 ROYAL COVE WAY BOCA RATON, FL 33496</b>	

4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
7. Name and Address of New Registered Agent		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Sarah Goldsby</i>	DATE <i>10/20/04</i>
(NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$61.25</b> After January 1, 2005, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WISTON, BARBARA 17037 ROYAL COVE WAY BOCA RATON, FL 33496 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SARAH</del> Co-PRESIDENT SARAH GOLDSBY 6803 N. GRANDE DR BOCA RATON, FL 33433 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SHOLK, IRENE 7785 DORCHESTER ROAD BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200042167092 10/25/04--01090--002 **122.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT LIPSITZ, BERNIE 4301 NORTH OCEAN BLVD APT A-602 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT SHAPIRO, JAY 20090 S BOCA W DR BOCA RATON, FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Sarah Goldsby</i>	Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	