

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 14 AM 11:01

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N99000006788

1. Corporation Name
 AMERICAN FRIENDS OF KOLLEL ZICHRON ASHER, INC.

Principal Place of Business Mailing Address
 4779 COLLINS AVE
 STE 3304
 MIAMI BEACH FL 33140
~~777 41ST STREET, 2ND FL~~
 MIAMI BEACH FL 33140



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/15/1999	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0972716	
Country		Country		Applied For	
		USA		Not Applicable	
				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	SOVA, YEHUDA	777 41ST STREET, 2ND FLOOR 4779 Collins Avenue Suite 3304	MIAMI BEACH FL 33140
D	WOLFSON, URI	777 41ST STREET, 2ND FL 4779 Collins Ave Suite 3304	MIAMI BEACH FL 33140
D	SCHILSSER, EPHRAIM	777 41ST STREET, 2ND FL 4779 Collins Ave Suite 3304	MIAMI BEACH FL 33140
			400008977244 11/14/02--01005--012 **\$1.25

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MANASTER, JOSHUA D 1428 BRICKELL AVE., 8TH FLOOR MIAMI FL 33131		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State	Zip Code
		FL	

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 REQUIRED** _____ Date 1/14/02
 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: Yehuda Sova, Director
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date _____ Daytime Phone # _____

CFR2040 (8/02)

American Friends of Kollel Zichron Asher, Inc.

4779 Collins Avenue #3304 • Miami Beach, FL 33140

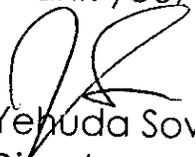
November 7, 2002

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section

To Whom It May Concern:

Enclosed is the application for reinstatement for American Friends of Kollel Zichron Asher, Inc. We did not receive the two UBR notices so please reverse the reinstatement fee. Enclosed is a check for \$61.25, the annual UBR fee.

Thank you,


Yehuda Sova
Director