

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

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

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/15/1999

5. FEI Number

65-0972716

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	SOVA, YEHUDA	<del>777 41ST STREET, 2ND FLOOR</del> 4779 Collins Avenue Suite 3304	MIAMI BEACH FL 33140
D	WOLFSON, URI	<del>777 41ST STREET, 2ND FL</del> 4779 Collins Ave Suite 3304	MIAMI BEACH FL 33140
D	SCHILSSER, EPHRAIM	<del>777 41ST STREET, 2ND FL</del> 4779 Collins Ave Suite 3304	MIAMI BEACH FL 33140

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  
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

1/14/02

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 REQUIRED  
Yehuda Sova, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (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