

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB 27 AM 11:52

DOCUMENT # N99000007526

1. Corporation Name

David Tarsish Torah Chesed Foundation, Inc.

100119054281
02/28/08--01033--013 **375.00

REINSTATEMENT 04-08
TS. 2/28/08
02/28/08 (12/07)

2. Principal Office Address - No P.O. Box #

16840 NE 8th Court

Suite, Apt. #, etc.

3. Mailing Office Address

16840 NE 8th Court

Suite, Apt. #, etc.

City & State

North Miami Beach, FL

Zip

33162

Country

USA

City & State

North Miami Beach, FL

Zip

33162

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/22/1999

5. FEI Number

74-2939207

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Daniel Goodman

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

16840 NE 8th Court

Suite, Apt. #, Etc.

City

North Miami Beach

State

FL

Zip Code

33162

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 02/25/08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|-----------------------------|
| P/D | Daniel Goodman | 16840 NE 8th Court | North Miami Beach, FL 33162 |
| T/D | Lynne Cassouto | 980 East 18th Street | Brooklyn, NY 11230 |
| D | Dr. Fredda Rosenbaum | 2925 Aventura Blvd., Suite 201 | Aventura, Florida 33180 |
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10. 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 contained in Chapter 119, 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:

Daniel Goodman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/25/08

Date

786-597-4772

Daytime Phone #