

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  
OR2E061 (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

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 #