

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT 22 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P18068

1. Corporation Name

AMERICAN SOCIETY FOR HANDICAPPED CHILDREN IN ISRAEL, INC.

Principal Place of Business

19 WEST 44TH STREET
SUITE 1418
NEW YORK NY 10036

Mailing Address

19 WEST 44TH STREET
SUITE 1418
NEW YORK NY 10036

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

REINSTATEMENT

Not Applicable or Exempt
To Do Business in Florida

02/18/1988

5. FEI Number

13-6100833

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	BLUM, SAMUEL	130 E. 87TH STREET	NEW YORK NY
T	GLUCK, A. STANLEY	60 E. END AVENUE	NEW YORK NY
D	MENDELSON, JOAN LANYARD, CATHY	2 LEXINGTON AVE. 10 WILSHIRE DRIVE	NEW YORK NY LIVINGSTON, NJ 07039

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8. Name and Address of Current Registered Agent

KNAPPE, SHIRLEY
950 NE 199TH STREET
MIAMI FL 33179

9. Name and Address of New Registered Agent

Name ROBERT MILLER

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

508 NE 195 ST

Suite, Apt. #, Etc.

11 RT

City MIAMI

State FL

Zip Code 33179

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.

Signature of Registered Agent

R Miller

REGISTERED AGENT MUST SIGN

Date

10/19/99

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:

Cathy M. Lanyard Executive Director
Cathy M. Lanyard

Date

10/15/99 212 869885

Daytime Phone #

CR2294 (REV)

KE