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## PLEASE READ ALL4NSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS				TE	FILED 06 DEC 28 PM 3:31								
DOCUMENT # P25280  1. Corporation Name										SECRETARY OF STATE TALLAHASSEE, FLORIDA						
American Friends of the Hebrew University, Inc.									R							
2. Principal Office Address  One Battery Park Plz Suite, Apt. #, etc.					3. Mailing Office Address  One Battery Park Plaza Suite, Apt. #, etc.					SELLOT REPRESENT 05-06 WO						
25th Floor				25th Floor					Date Incorporated or Qualified     To Do Business in Florida							
City & State				City & State					1.931 Applied For							
New York NY Zip Country				New York, NYcountry					13-1568923 Not Applicable						]	
	10004 Country			10004 USA					6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status						d	
1			0011			Name and	Address of C	rrent Re	gistere	ed Agent						
	Street Addr Suite, Apt. i	ess (P.0 7.2 #, Etc.	0. Box Ni <b>280</b> <del>uite</del>		ot Acceptable Palme		ark Ro	ad			State FL	Zip Code 334	33			-
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 Date																
9. Names a	and Street Ad	ldresses	s of Each	Officer an	d/or Director (I	Florida nonpi	rofit corporatio	ns must li	ist at lea	ast 3 directors)						4
Titles	Name of Officers and/or Directors				Street Address of Eac Officer and/or Director							Cit	y / State / Z	Žip		1
. D	Pete	r Wi	illn	er		One	•	ry P	ark	Plaza	Ne	w Yor	s, NY	10	<del>004</del> -	
- D	James	s.L.	. Ro	thkor	of ——	One-	Batte	ry P	ark	Plaza	Ne	w Yorl	€ <del>, NY</del>	10	004	
P	Geo	rge	Sch	ieren	1	357	-Everi	t Av	enu	е	He	wlett	Harb	or,	NY 1	1557
,										1272	) <u>@</u> 9	<u> </u>		52 122	.50	
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.  Peter T. Willner  212 607 8555  SIGNATURE:																
I SISHA	S	GNATUR	RE AND T	PED OR PI	RINTED NAME	OF SIGNIFIG C	FFICER OR DIF	ECTOR			Date		Daytime	Phone #		1



St. 1

George A. Schieren

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National Executive Director

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Honorary Vice Presidents

December 13, 2006

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Document Number: P25280

To Whom it May Concern:

Enclosed is a Reinstatement Application for the American Friends of the Hebrew University. We are requesting that the reinstatement fee be waived because we did not receive the annual report notices in the year of revocation as our mailing address changed.

Enclosed is a check for \$122.50 for the two years the registration lapsed.

Please call me at (212) 607 8576 if you require any additional information.

Thank you for your help.

Sincerely,

Diane Shepherd

Administrative Assistant

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