2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
04 OCT 29 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P36299

1. Entity Name
FRIENDS OF ISRAEL DISABLED VETERANS, INC.

Principal Place of Business	Mailing Address
419 PARK AVENUE SOUTH STE 905 NEW YORK, NY 10016	419 PARK AVENUE SOUTH STE 905 NEW YORK, NY 10016

10252004 REIN-NP CR2E099 (6/04) MRD

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 13-3392711 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

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

REINSTATEMENT 04

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Cynthia L. Harris **Cynthia L. Harris as its agent** 10/29/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $61.25
After January 1, 2005, Fee will be $122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C GOLDEN, RICHARD P.O. BOX 297 CHESAPEAKE, MD 21915	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LEICHTLING, MICHAEL, ESQ 1211 AVE OF THE AMERICAS NEW YORK, NY 10036	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200042338602
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C CUKIER, MIKE 7300 RADICE COURT #803 LAUDERHILL, FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED GOTTFRIED, REGINA 419 PARK AVE S NEW YORK, NY 10016	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED LINDA E. ~~FRANKEL~~ FRANKEL 419 PARK AVE SOUTH NY, NY 10016 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SIEGEL, MARVIN 3777 INDEPENDENCE AVE, APT. 8C BRONX, NY 10463	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Linda C. Frankel Oct. 25, 2004 212 689-3220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

292

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 940915 7433710

AUTHORIZATION : Patricia Pigott #236.25(MRS)

COST LIMIT : $ ~~750.00~~

ORDER DATE : October 25, 2004

ORDER TIME : 2:52 PM

ORDER NO. : 940915-010

CUSTOMER NO: 7433710

CUSTOMER: Mr. James Lapin
Friends Of Israel Disabled
419 Park Avenue South
Suite 905
New York, NY 10016

DOMESTIC FILINGS

NAME: FRIENDS OF ISRAEL DISABLED VETERANS, INC.

RECEIVED
04 OCT 29 PM 4:13
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan

EXAMINER'S INITIALS _____