

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000081879

1. Entity Name
B'ZRAT HA SHEM CHAI, INC.



Principal Place of Business
3500 N. FEDERAL HWY.
#C
POMPANO BEACH, FL 33064

Mailing Address
POST OFFICE BOX 600352
NORTH MIAMI BEACH, FL 33160

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RASSNER, WAYNE
7700 NORTH KENDAL DRIVE
SUITE 510
MIAMI, FL 33156

Name

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LAUFER, FRED
3500 N. FEDERAL HWY.
POMPANO BEACH, FL 33160

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800110971538
10/18/07--01055--008 **150.00

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/07

954-942-8888

Date

Daytime Phone #

FILED

07 OCT 18 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(P99000081879P)

10152 REINSTATEMENT (1/07)

4. FEI Number

58-2602433

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required