PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

[redacted]

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAR 14 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000081879

1. Corporation Name
B2RAT HA Shem Chaf INC

100014907871
03/28/03--01042--027 **300.00

2. Principal Office Address	3. Mailing Office Address
3500 N. Federal Hwy	P.O. Box 660352
Suite, Apt. #, etc.: # C	Suite, Apt. #, etc.: 1
City & State: Pompano Bch	City & State: North Miami Bch FL
Zip: 33064 Country: Broward	Zip: 33160 Country: Dade

4. Date Incorporated or Qualified To Do Business in Florida: 9/9/1999

5. FEI Number: 58-2602433 ☐ 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: Wayne Rassner
Street Address (P.O. Box Number is Not Acceptable): 7700 North Kendall Drive
Suite, Apt. #, Etc.: Suite #510
City: Miami State: FL Zip Code: 33156

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: [signature] Date: 3/10/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
Pres	Fred Isaac	3500 N. Federal Hwy	Pompano Bch FL 33160

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 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: [signature] 03/10/03 954-942-8480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2 of 2

02/24/03

B"H

I did not Receive
my Annual Report
of 2002 - would you
please waive the Reinstating
Fees

[signature] President

BZRAT-HA-Shem-CHai INC