

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR 26 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000005206

1. Corporation Name

american israel medi-plan

2. Principal Office Address - No P.O. Box #

20533 biscayne blvd

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

STE N202

Suite, Apt. #, etc.

SAME

City & State

AVENTURA, FLORIDA

City & State

SAME

Zip

33180

Country

DADE

Zip

SAME

Country

SAME

REINSTATEMENT 03-05

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

09/11/1998

5. FEI Number

133527081

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
CORINNE FRIEDLIEB

Street Address (P.O. Box Number is Not Acceptable)
20533 BISCAYNE BLVD

Suite, Apt. #, etc.
STE N 202

City
AVENTURA

State
FL

Zip Code
33180

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Corinne Friedlieb

Date **3/23/07**

REGISTERED AGENT MUST SIGN

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
P	SHOSHANA BERMAN	20533 biscayne blvd	AVENTURA, FLORIDA
S	CORINNE FRIEDLIEB	20533 BISCAYNE BLVD	AVENTURA, FLORIDA

300095805999
04/04/07--01040--013 **758.75

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.

SIGNATURE:

Corinne Friedlieb

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/07

Date

305-792-5472

Daytime Phone #

Corinne Friedlieb