

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 OCT 23 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 728585

1. Corporation Name

Friends of Lubavitch, Inc.

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

1140 Alton Rd

Suite, Apt. #, etc.

3. Mailing Office Address

1140 Alton Rd.

Suite, Apt. #, etc.

City & State

Miami Beach FL

City & State

Miami Beach, FL

Zip

33139

Country

USA

Zip

33139

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

1968

5. FEI Number

591517646

☐ 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 Rabbi A. Korf

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

1257 Alton Rd

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33139

600241090476
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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

Rabbi A. Korf

REGISTERED AGENT MUST SIGN

Date 10/19/12

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
VD	Rabbi Korf	1257 Alton Rd.	Miami Beach, FL 33139
SD	Rivka Korf	1257 Alton Rd	Miami Beach, FL 33139
PD	Daniel Wornsch	2729 N. Bay Rd.	Miami Beach, FL

OCT 23 2012

R. SCOTT

REINSTATEMENT 88-12

10. E-mail Address: bkorf@lecfi.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/19/12

Daytime Phone #