

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000004779

1. Corporation Name
CHABAD LUBAVITCH OF HAWAII, INC

2. Principal Office Address
1799 NE 164TH ST
Suite, Apt. #, etc. 117
City & State
NORTH MIAMI BEACH
Zip 33162 Country FL, USA

3. Mailing Office Address
SAME
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 5/1, 1996

5. FEI Number 99-0280545 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$0.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent 500003488455-6

Name JACOB TZUR -12/05/00-01117-010
Street Address (P.O. Box Number is Not Acceptable) 1799 NE 164TH ST
Suite, Apt. #, Etc. 117
City NORTH MIAMI BEACH State FL Zip Code 33162

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 
REGISTERED AGENT MUST SIGN

Date 11-29-2000

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
PR	RABBI ITZHEL KRASHJANSKY	4070 KEANO PL	HONOLULU, HI 96822
V.P	PEARL KRASHJANSKY	4070 KEANO PL	HONOLULU, HI 96822
D	JACQUES ELMAKH	2134 KALKAVA AVE	Hon HI 96819
			KE

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ISAAC KRASHJANSKY 11/29/00

CR2081 (9/99)

2082

CHABAD LUBAVITCH OF HAWAII, INC.
A NON-PROFIT HOUSING PROVIDER
1799 NE 164TH STREET, SUITE 117
NORTH MIAMI BEACH, FL 33162
TEL. 305/944-4546 FAX 305/944-4288
E-mail: yatzu100@worldnet.att.net

11-29-2000

Kathy Drake
CSC
1201 Hays St
Tallahassee, FL 32301

Subject: Our wrongfully listed inactive corporate status.

This is an urgent business matter.

Pursuant to our conversation with the Division of Corporation there would be no penalty charge as we have promptly forwarded on 2-8-2000 the attached Nonprofit Annual Report together with \$158.75, our check # 1261.

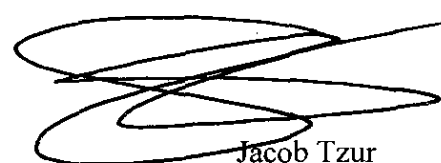
The State has for reasons unknown to us and without a notice failed to activate our corporation and we were not aware of this problem until yesterday when a Title company notified us, refusing for that reason to complete an important business transaction.

Alarmed, we urgently Federal Expressed to you yesterday a new check in the amount of \$158.75 for a 24 hour reinstatement. We also sent you a check in the amount of \$ 90.00 for your services.

As you requested today, we are sending you by Fed Express the completed Corporation Reinstatement form with the additional \$30.00 for the certificate of good standing.

Please expedite.

Sincerely



Jacob Tzur