

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

APPLICATION FOR REINSTATEMENT



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

FILED

02 JUN 20 AM 11:16

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N00000002071**

1. Corporation Name

CHABAD LUBAVITCH OF WESTON II, INC.

Principal Place of Business

Mailing Address

770 BOWMAN COURT
 WESTON FL 33326

770 BOWMAN COURT
 WESTON FL 33326



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

03/29/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	SPALTER, YISROEL RABBI	7770 BOWMAN COURT	WESTON FL 33326
D	SPALTER, LEAH	770 BOWMAN COURT	WESTON FL 33326
D	SPALTER, SAMUEL RABBI	770 BOWMAN COURT	WESTON FL 33326
			400006163144--2 -07/02/02--01060--006 *****61.25 *****61.25
			400006163144--2 -07/02/02--01060--007 *****61.25 *****61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAZARUS, DAVID M EESQ.
 2255 GLADES ROAD
 SUITE 422A
 BOCA RATON FL 33431

Name YISROEL SPALTER
 Street Address (P.O. Box Number is Not Acceptable)
ET 18501 TERQUESTA TRACE PL LANE
 Suite, Apt. #, Etc.
 City WESTON State FL Zip Code 33326

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Handwritten Signature]
 REGISTERED AGENT MUST SIGN

Date

4/1/02

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., 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 #

6/19/02

CR2E040 (801)

[Handwritten mark]

2 of 2



Rabbi Yisroel B. Spalter
Director

to whom it may concern!

I have sent this payment
on 7/22/01 to your offices. I don't
know why you have not received it

I send it every year on a timely basis.

Please accept this payment. If you
have any questions please don't hesitate
to call me at 954-349-6565.

Sincerely yours,

Rabbi Y. Spalter

18501 Tequesta Trace
Park Lane
Weston, Florida 33326
Phone: 954-349-6565
Fax: 954-389-9932