

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 31 PM 2:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N00000002071**

1. Corporation Name

**CHABAD LUBAVITCH OF WESTON II, INC.**

Principal Place of Business

~~770 BOWMAN COURT  
WESTON FL 33326~~

Mailing Address

~~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

~~CHABAD~~ **18501 TEQUESTA TRACE PARK LANE**

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

~~WESTON~~ **FLORIDA**

City & State

Zip Country

**33326**

Zip Country

**REINSTATEMENT**

**07**

4. Date Incorporated or Qualified  
To Do Business in Florida

**03/29/2000**

5. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

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

100024382151  
11/03/03--01074--005 \*\*61.25

8. Name and Address of Current Registered Agent

**SPALTER, YISROEL**  
**18501 TEQUESTA TRACE PK LANE**  
**WESTON FL 33326**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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 #

CR2E040 (7/03)



Rabbi Yisroel B. Spalter  
Director

To whom it may concern!

This is the second year I am running into a problem where I send 2 checks for the renewal of my 2 corporations & you ~~are~~ register only one of them & not the other one. I sent you on 7/10/03 the money to renew both of my corporations. I don't understand why you don't ~~sent~~ renew them both but ~~rather~~. Please find another check for \$1<sup>25</sup> for the second time with the hope that you will renew the corp. & as you were supposed to do the first time. Also I have changed the addresses of the corp 2 times already & you have not made the changes & continue to send it to the wrong address. Rabbi Spalter.

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