

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

APPLICATION FOR REINSTATEMENT

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



FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2nd CBK

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DOCUMENT # **N00000008253**

1. Corporation Name
 Lauderdale
CHABAD OF GREATER FORT LAUDERHILL INCORPORATED

Principal Place of Business Mailing Address

6700 NE 44TH STREET 6700 NE 44TH STREET
 LAUDERHILL FL 33319 FT LAUDERHILL FL 33319



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

2. New Principal Office Address, If Applicable
 Chabad of Greater Fort Lauderdale Inc

3. New Mailing Office Address, If Applicable
 Chabad of Greater Fort Lauderdale Inc

Suite, Apt. #, etc. Suite, Apt. #, etc.
 6700 NW 44th Street 6700 NW 44th Street
 City & State City & State
 Lauderdale FL Lauderdale FL
 Zip Country Zip Country
 33319 33319

4. Date Incorporated or Qualified To Do Business in Florida
 12/11/2000

5. FEI Number
 65-0984543

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
DP	LIEBERMAN, ARON	4490 NW 65TH TERRACE	LAUDERHILL FL 33319
DS	LIEBERMAN, SHANDY	4490 NW 65TH TERRACE	LAUDERHILL FL 33319
DT	LEBOVICS, CHANIE	1458 NW 129TH TERRACE 6541 NW 46th Street	SUNRISE FL 33323 Lauderhill FL 33319

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8. Name and Address of Current Registered Agent

LIEBERMAN, ARON
 6700 NE 44TH STREET
 FT LAUDERHILL FL 33319

9. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 Suite, Apt. #, Etc. _____
 City _____ State _____ Zip Code _____
 FL

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 *[Signature]* Date 10/17/01
 REGISTERED AGENT MUST SIGN

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]* Aron Lieberman 10/17/01 954-733-5333
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)



2052
ב"ה

Perform Acts
of Kindness
and Mercy

**Aaron
and
Fay
Preiss
Talmud
Torah**

October 17, 2001

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327



To Whom It May Concern:

Enclosed please find Application for Reinstatement with the regular fee of \$61.25.

We have not received any previous notices; apparently due to the error in the address.

Very truly yours,

Rabbi Aron Lieberman

RAL/pc

- Youth
Minyan
- Neshei
Chabad
Sisterhood
- Continuing
Jewish
Education
- Matzah
Fund
- Chevra
Kadisha
- Bikur
Cholim
- Hospital
Chaplaincy
- Home
Kashering
- Daily
Minyan
and
Shiurim