2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Jan 21, 2005
Secretary of State

DOCUMENT# N03000000336

Entity Name: CHAI SENIORS, INC.

Current Principal Place of Business:

19680 WEST DIXIE HIGHWAY
AVENTURA, FL 33180

New Principal Place of Business:

788 E HALLANDALE BEACH BLVD
NORTH MIAMI BEACH, FL 33009

Current Mailing Address:

19680 WEST DIXIE HIGHWAY
AVENTURA, FL 33180

New Mailing Address:

1835 NE MIAMI GARDENS DR
359
NORTH MIAMI BEACH, FL 33179

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BRYN, USHER
2999 N.E. 191ST STREET
PENTHOUSE SIX
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: U BRYN

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KIEVMAN, MOSHE
Address: 3491 N. 47TH AVENUE
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete
Name: BRYN, USHER
Address: 3491 N. 47TH AVENUE
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete
Name: BRYN, BREBDA
Address: 3491 N. 47TH AVENUE
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: M KIEVMAN MK 01/21/2005

Electronic Signature of Signing Officer or Director — Date