

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

07 DEC 27 PM 4:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N03000000537

1. Corporation Name

**BEIT CHABAD ALMAGRO INC**

12-28-07 *LD*

2. Principal Office Address - No P.O. Box #

**7225 NW 68TH STREET**

3. Mailing Office Address

**7225 NW 68TH STREET**

Suite, Apt. #, etc.

**#11**

Suite, Apt. #, etc.

**#11**

City & State

**MIAMI**

City & State

**MIAMI**

Zip

**FL**

Country

**33166**

Zip

**FL**

Country

**33166**

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business In Florida

**01/22/2003**

5. FEL Number  
**27-0039602**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
**JORGE SCHVETZ**

Street Address (P.O. Box Number is Not Acceptable)  
**7225 NW 68TH STREET**

Suite, Apt. #, Etc.

**#11**

City  
**MIAMI**

State

**FL**

Zip Code

**33166**

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date

REGISTERED AGENT MUST SIGN

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
D	SCHVETZ, JORGE	7225 NW 68TH STREET ST11	MIAMI FL 33166
D	SCHVETZ, ADRIAN	7225 NW 68TH STREET ST11	MIAMI FL 33166
D	FONTENLA, MONICA	7225 NW 68TH STREET ST11	MIAMI FL 33166

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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 contained in Chapter 119, 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

*Jorge Schvetz*

Date

Daytime Phone #

*12/24/07 786-229-3488*