2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000001084

FILED Oct 27, 2006 Secretary of State

Entity Name: CHABAD-LUBAVITCH RUSSIAN CENTER OF SOUTH FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 403 POINCIANA DRIVE SUNNY ISLES, FL 33160 **Current Mailing Address: New Mailing Address:** 1100 NE 163 ST # 401 MIAMI, FL 33162 FEI Number: 04-3758388 FEI Number Applied For () FEI Number Not Applicable () 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: Name and Address of New Registered Agent: KATSMAN, MARK GITTELSON, SHELDON D 1111 KANÉ CONCOURSE 1100 NE 163 ST SUITE 607 SUITE 401 BAY HARBOR ISLANDS, FL 33154 US N.MIAMI BEACH, FL 33162 US 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: GITTELSON SHELDON 10/27/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition KALLER, ALEXANDER Name: Name: 403 POINCIANA DRIVE Address: Address: City-St-Zip: SUNNY ISLES, FL 33160 City-St-Zip: Title: () Delete Title: () Change () Addition Name: KALLER, CHANA Name: Address: 403 POINCIANA DRIVE Address: City-St-Zip: SUNNY ISLES, FL 33160 City-St-Zip: Title: () Delete Title: () Change () Addition ALTEIN, YAKOV LEIB Name: Name: Address: 1378 UNION ST Address: City-St-Zip: BROOKLYN, NY 11213 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: ALSEMAN, DOLLY DR Name: AISEMAN, DOLLY DR Address: 503 12TH ST APT 5 Address: 503 12TH ST APT 5 MIAMI BEACH, FL 33139 City-St-Zip: City-St-Zip: MIAMI BEACH, FL 33139 Title: () Delete Title: () Change () Addition KEIFITZ, MIKHAL Name: Name: 17500 N BAY RD Address: Address: SUNNY ISLES BEACH, FL City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ALEXANDER KALLER P 10/27/2006