

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04000000530

1. Corporation Name

Chabad of West Palm Beach, Inc.

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

205 Zeblin Road

Suite, Apt. #, etc.

City & State

Atlanta, GA

Zip

30342

Country

United States

3. Mailing Office Address

205 Zeblin Road

Suite, Apt. #, etc.

City & State

Atlanta, GA

Zip

30342

Country

United States

7. Name and Address of Current Registered Agent

Name

Eric P. Stein, Esq.

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

1820 NE 163rd Street

Suite, Apt. #, Etc.

Suite 100

City

North Miami Beach

State

FL

Zip Code

33162

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

REGISTERED AGENT MUST SIGN

Date

1/31/07

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/P/S	Menachem Kornfeld	205 Zeblin Road	Atlanta, GA 30342
D/V/T	Chana New	205 Zeblin Road	Atlanta, GA 30342
D	Joseph New	205 Zeblin Road	Atlanta, GA 30342
D	Eric P. Stein, Esq.	1820 NE 163rd Street	North Miami Beach, FL 33162

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:

Menachem Kornfeld

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/26/07

561 659-7770

Daytime Phone #

FILED

07 MAR -6 PM 2:57

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

000092220190

03/12/07--01015--017 **192.50

REINSTATEMENT 05-02

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

1/15/04

5. FEI Number

200 6 155 34

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.