2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000007250

Title:

Name:

Address:

City-St-Zip:

FILED Jan 17, 2008 Secretary of State

Entity Nam	ne: TURKISH FRIENDS OF CHABAD, INC.		
Current Pr	incipal Place of Business:	New Principal Place of B	usiness:
1140 ALTO MIAMI BEA	N RD CH, FL 33139		
Current Ma	ailing Address:	New Mailing Address:	
1140 ALTO MIAMI BEA	N RD CH, FL 33139	1035 14TH STREET MIAMI BEACH, FL 33139	
FEI Number: In accordance	20-3169719 FEI Number Applied For () FEI Nur e with s. 607.193(2)(b), F.S., the corporation did not receive t		Certificate of Status Desired ()
Name and	Address of Current Registered Agent:	Name and Address of Ne	w Registered Agent:
SCHOCHE	T, OBADIA M		
	CH, FL 33139 US named entity submits this statement for the purpose of	f changing its registered offi	ce or registered agent, or both,
MIAMI BEA The above in the State	CH, FL 33139 US named entity submits this statement for the purpose of	f changing its registered offi	ce or registered agent, or both,
MIAMI BEA The above in the State	CH, FL 33139 US named entity submits this statement for the purpose of Florida.	f changing its registered offi	ce or registered agent, or both, Date
MIAMI BEA The above in the State SIGNATUR	CH, FL 33139 US named entity submits this statement for the purpose of of Florida. RE: OBADIA SCHOCHET		
MIAMI BEA The above in the State SIGNATUR	CH, FL 33139 US named entity submits this statement for the purpose of Florida. RE: OBADIA SCHOCHET Electronic Signature of Registered Agent	ADDITIONS/CHANGES T	Date
MIAMI BEA The above in the State SIGNATUR OFFICERS Title: Name: Address:	CH, FL 33139 US named entity submits this statement for the purpose of Florida. RE: OBADIA SCHOCHET Electronic Signature of Registered Agent SAND DIRECTORS: P () Delete CHITRIK, MENACHEM M RABBI 1035 14TH STREET	ADDITIONS/CHANGES T Title: () C Name: Address: City-St-Zip:	Date O OFFICERS AND DIRECTORS:

I hereby certify that the information supplied with this filing does not qualify 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MENACHEM M CHITRIK Ρ 01/17/2008

() Delete

ELIMELECH, ROSENFELD RABBI

960 NE 176 STREET

MIAMI, FL 33162

() Change () Addition