PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations	SECRETARY OF STATE DIVISION OF CORPORATIONS 08 OCT -9 PM 12: 4
DOCUMENT # 1. Corporation Name		
Chabad Student Center Inc		REINSTATEMENT, 17-08
NO500008783		D-10/188/02
2. Principal Office Address - No P.O. Box # 935 NW Sth Ave.	3. Mailing Office Address 35 NW 5+h Ave.	500136781/105/07 10/09/0801044-7000, **122.50
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Date Incorporated or Qualified To Do Business in Florida
city & State Boca Ration F L	City & State BOCA Raton FU	5. FEI Number Applied For
Zip Country 33432 USA	Zip Country 33432 USA	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
	Current Registered Agent	ioi a conincate di Status
Name Liberow Boruch Shmvel		The reinstatement fee is imposed, except in circumstances which the entity did not receive
Street Address (P.O. Box Number is Not Acceptable) 925 NW 5+h AVC.		the prior notices. By checking this box, you
Suite, Apt. #, Etc.		are certifying the prior notices were not received and requesting the reinstatement
Boca Raton	State Zip Code FL 33432	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 10/6/08 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	
D Literaw Bouch Sh	Rabbi 935MV5+n Ave	Boca Raton FC 33432
D 4beow Rivla Roch		Boca Raton FL 33432
T Fellig Yaqxov Rabb	or 3713 Main Hwy	Coconut Grove FL 33133
VP Denburg, Meshe Ra	66, 17950 Military Tr.	Bocer Ration FL 33496
VP Buriet Zalman R	abbi 17950 Military	Mr. Borg Rason FL 33496
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 Date Date Date Date Date Date		