

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 OCT -9 PM 12:14

DOCUMENT #

1. Corporation Name
Chabad Student Center INC
NO5000008783

REINSTATEMENT 07-08

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

935 NW 5th Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

935 NW 5th Ave.

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33432

Country

USA

Zip

33432

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

8-15-05

5. FEI Number

20-3396643

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
Liberow Boruch Shmuel

Street Address (P.O. Box Number is Not Acceptable)
935 NW 5th Ave.

Suite, Apt. #, Etc.

City
Boca Raton

State
FL

Zip Code
33432

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
B.S. Liberow

REGISTERED AGENT MUST SIGN

Date 10/6/08

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	Liberow Boruch Shmuel ^{Rabbi}	935 NW 5th Ave	Boca Raton FL 33432
D	Liberow Rivka Rochelle	935 NW 5th Ave	Boca Raton FL 33432
T	Fellig Yaakov Rabbi	3713 Main Hwy	Coconut Grove FL 33133
VP	Denburg Moshe Rabbi	17950 Military Tr.	Boca Raton FL 33496
VP	Buciet Zalman Rabbi	17950 Military Tr.	Boca Raton 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: RIVKA R. LIBEROW
Rivka R. Liberow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Oct. 6 2008

Daytime Phone # 1-561-827-8000
3175