## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000010609

Entity Name: CHABAD OF WALNUT CREEK, INC.

FILED Dec 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2200 NW 78 AVE 7561 SHERIDAN ST APT. 106 HOLLYWOOD, FL 33024

PEMBROKE PINES, FL 33024

Current Mailing Address: New Mailing Address:

2200 NW 78 AVE 7561 SHERIDAN ST APT. 106 HOLLYWOOD, FL 33024 PEMBROKE PINES. FL 33024

FEI Number: 20-3624895 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:

KORF, ZALMAN RABBI
2200 NW 78 AVE
106

KORF, ZALMAN RABBI
7561 SHERIDAN ST
HOLLYWOOD, FL 33024 US

PEMBROKE PINES, FL 33024 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: ZALMAN KORF 12/15/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 KORF, ZALMAN RABBI
 Name:
 KORF, ZALMAN RABBI

 Address:
 2200 NW 78 AVE
 Address:
 7561 SHERIDAN ST

 City-St-Zip:
 PEMBROKE PINES, FL 33024
 City-St-Zip:
 HOLLYWOOD, FL 33024

Title: ( ) Delete Title: S ( ) Change (X) Addition

 Name:
 Name:
 GOPIN, JOSEPH I

 Address:
 Address:
 1895 NW 76TH WAY

 City-St-Zip:
 City-St-Zip:
 PEMBROKE PINES, FL 33024

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.

SIGNATURE: ZALMAN KORF P 12/15/2009