

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000000244

FILED
Oct 18, 2007
Secretary of State

Entity Name: CHABAD OF WEST PASCO, INC.

Current Principal Place of Business:

633 E NEW YORK AVE #2L
BROOKLYN, NY 11203

New Principal Place of Business:

8645 ARDENWOOD COURT
NEW PORT RICHEY, FL 34655

Current Mailing Address:

633 E NEW YORK AVE #2L
BROOKLYN, NY 11203

New Mailing Address:

8645 ARDENWOOD COURT
NEW PORT RICHEY, FL 34655

FEI Number: 20-4097309 **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:

STEIN, ERIC P ESQ
1820 NE 163RD STREET SUITE 100
N MIAMI BEACH, FL 33162 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: ERIC P STEIN ESQ

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: EBER, JOSEPH
Address: 633 E NEW YORK AVE #2L
City-St-Zip: BROOKLYN, NY 11203

Title: DVS () Delete
Name: NEMANOW, NEHAMA
Address: 633 E NEW YORK AVE #2L
City-St-Zip: BROOKLYN, NY 11203

Title: D () Delete
Name: MINSKY, MENAHEM
Address: 633 E NEW YORK AVE #2L
City-St-Zip: BROOKLYN, NY 11203

Title: D () Delete
Name: CHEIN, PERETZ
Address: 54 TURNER STREET
City-St-Zip: WALTHAM, MA 02453

Title: D () Delete
Name: KORF, ALTER
Address: 6132 DARTMOUTH AVE N
City-St-Zip: ST PETERSBURG, FL 33710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: EBER, JOSEPH
Address: 8645 ARDENWOOD COURT
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: DVS (X) Change () Addition
Name: NEMANOW, NEHAMA
Address: 8645 ARDENWOOD COURT
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOSEPH EBER

DP

10/18/2007

Electronic Signature of Signing Officer or Director

Date