2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Dec 08, 2009
Secretary of State

DOCUMENT# N08000007620

Entity Name: CHABAD OF GOLDEN BEACH SYNAGOGUE, INC.

Current Principal Place of Business:

19201 COLLINS AVE., UNIT C101,102 ,115
SUNNY ISLES, FL 33160

New Principal Place of Business:

Current Mailing Address:

19201 COLLINS AVE., UNIT C101,102 ,115
SUNNY ISLES, FL 33160

New Mailing Address:

FEI Number: 27-1435852 **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:

GRISALES-RACINI, OSCAL
2999 NE 191ST ST.,CONCORD CENTRE II,PH-8
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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: OSCAL GRISALES-RACINI

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	AMAR, RABBI CHAY	
Address:	19201 COLLINS AVE., UNIT C101,102 ,115	
City-St-Zip:	SUNNY ISLES, FL 33160	
Title:	V	( ) Delete
Name:	GORIOVEZKY, HARRY	
Address:	19201 COLLINS AVE., UNIT C101,102 ,115	
City-St-Zip:	SUNNY ISLES, FL 33160	
Title:	SD	( ) Delete
Name:	AMAR, DINA	
Address:	19201 COLLINS AVE., UNIT C101,102 ,115	
City-St-Zip:	SUNNY ISLES, FL 33160	
Title:	DT	( ) Delete
Name:	NAKACHE, PIERRE	
Address:	19201 COLLINS AVE., UNIT C101,102 ,115	
City-St-Zip:	SUNNY ISLES, FL 33160	
Title:	D	( ) Delete
Name:	NAKACHE, ELFANN	
Address:	19201 COLLINS AVE., UNIT C101,102 ,115	
City-St-Zip:	SUNNY ISLES, FL 33160	
Title:	D	(X) Delete
Name:	DRIZIN, CHAIM	
Address:	19201 COLLINS AVE., UNIT C101,102 ,115	
City-St-Zip:	SUNNY ISLES, FL 33160	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: CHAY AMAR P 12/08/2009

Electronic Signature of Signing Officer or Director — Date