

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20737

1. Corporation Name
CONGREGATION AHAVAS YISROEL-CHABAD-LUBAVITCH, INC.

Principal Place of Business
21001 Biscayne Boulevard
N. Miami Beach, FL 33180

Mailing Address
21001 Biscayne Boulevard
N. Miami Beach, FL 33180

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 94-99

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable 21001 Biscayne Boulevard Suite, Apt. #, etc.		3. New Mailing Address, If Applicable 21001 Biscayne Boulevard Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida May 20, 1987	
City & State Aventura, FL		City & State Aventura, FL		5. FEI Number 59-2658081	
Zip 33180		Country USA		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	ADOUTH, RAPHAEL S.	21001 Biscayne Boulevard	Aventura, FL 33180
VD	GOREN, MENDEL	21001 Biscayne Boulevard	Aventura, FL 33180
SD	BONNERDEL, KENNETH	21001 Biscayne Boulevard	Aventura, FL 33180
TD	SINGER, STANLEY	21001 Biscayne Boulevard	Aventura, FL 33180
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8. Name and Address of Current Registered Agent

STANLEY SINGER
21001 Biscayne Boulevard
North Miami Beach, FL 33180

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent [Signature]
REGISTERED AGENT MUST SIGN

Date 6-23-99

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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] STANLEY SINGER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-23-99 305-937-0300
Date Day: the Phone #

CR20040 (12/95)