

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

DOCUMENT # **N42067**

03 NOV -3 PM 6:17

1. Corporation Name

CHABAD LUBAVITCH OF NORTH BROWARD AND PALM BEACH COUNTIES, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1500 N. STATE RD #7
 MARAGATE FL 33063

1500 N. STATE RD #7
 MARAGATE FL 33063

[Handwritten signature]



REINSTATEMENT 2003

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/13/1991	
City & State		City & State		5. FEI Number	
Zip		Country		65-0200283	
				Applied For	
				<input checked="" type="checkbox"/> 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	BISTON, JOSEPH	1500 N. STATE RD #7	MARAGATE FL 33063
DVP	BRONSTEIN, JOSEPH	1500 N. STATE RD #7	MARAGATE FL 33063
DST	BISTON, BAYLA	1500 N. STATE RD #7	MARAGATE FL 33063
D	ZALMAN, BUKIET	1500 N. STATE RD #7	MARAGATE FL 33063
D	SHOLON, KORF	1500 N. STATE RD #7	MARAGATE FL 33063
D	GIRECHMAN, SHNEIOR	1500 N. STATE RD #7	MARAGATE FL 33063

8. Name and Address of Current Registered Agent

BISTON, JOSEPH
 5851 HOLMBERY ROAD #2314
 PARKLAND FL 33067

9. Name and Address of New Registered Agent

Name	800024381848	
Street Address (P.O. Box Number is Not Acceptable)	11/03/03--01071--011 **8.75	
Suite, Apt. #, Etc.	800024381848	
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. or 617.0505, F.S.

Signature of Registered Agent

[Handwritten signature]

REGISTERED AGENT MUST SIGN

Date

10-31-03

11. 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 under section 119.07(3)(i), 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:

[Handwritten signature] Joseph BISTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/31/03

Daytime Phone #

984-970-9551

CR2E040 (7/03)