


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N46681			
1. Corporation Name Friends of Chabad Lubavitch of Tampa + Central FLORIDA			
2. Principal Office Address 14908 Pennington Rd. Suite, Apt. #, etc. City & State Tampa, FL. Zip 33624 Country USA		3. Mailing Office Address 14908 Pennington Rd. Suite, Apt. #, etc. City & State Tampa, FL. Zip 33624 Country USA	
		4. Date Incorporated or Qualified To Do Business in Florida 12/31/91	
		5. FEI Number 59 298 3438 Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Yossie Dubrowski			
Street Address (P.O. Box Number is Not Acceptable) 4717 Grainary Ave.			
Suite, Apt. #, Etc.			
City Tampa			
600008579656 06/28/04 01103 013 **237.00 FL 33624			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent Yossi Dubrowski		Date 6-10-04	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PO	Yossie Dubrowski	4717 Grainary Ave.	Tpa, FL 33624
VD	Moshe Dubrowski	630 Empire Blvd.	Bklyn, N.Y. 11213
TD	Levy Cohn	14908 Pennington Rd.	Tpa, FL 33624
S	Sulha Dubrowski	4717 Grainary Ave.	Tpa, FL 33624
		REINSTATEMENT	02-04
10. 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: Yossi Dubrowski		Date 6-10-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 813-963-2317	

CR2E081 (01/04)