


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

850-245-6059
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 PAID
 \$297.50
 10/26/93
 CK # 2168
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 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # **N93000005015**

1. Corporation Name
CHABAD HOUSE OF N. DADE, INC.

2. Principal Office Address 21001 Biscayne Blvd. Suite, Apt. #, etc. N/A City & State Aventura FL Zip 33180 Country USA		3. Mailing Office Address 21001 Biscayne Blvd. Suite, Apt. #, etc. N/A City & State Aventura FL Zip 33180 Country USA	
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REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida **Nov 2, 1993**

5. FEI Number **65-0455721** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

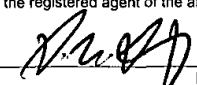
Name **Mr. Stanley Singer**

Street Address (P.O. Box Number is Not Acceptable) **21001 BISCAYNE BLVD.**

Suite, Apt. #, Etc.

City **AVENTURA** State **FL** Zip Code **33180**

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.

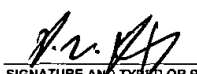
Signature of Registered Agent  Date **9/25/93**

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
P. Tr.	Ralph Adouth	1231 94 th Street	Bal Harbour/FL/33154
S. Tr.	Mendel Gorin	2020 NE 212 th Street	NMB/FL/ 33179
T. Tr.	Stanley Singer	19698 NE 24 th Ave.	NMB/FL/ 33180
V	Kenneth Bonnardel	20130 NE 26 th Avenue	NMB/FL/33180

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:  **STANLEY SINGER** Date **9/25/93** Daytime Phone # **305-938-0110**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/00)