

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 19 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001402

1. Corporation Name

CHABAD CENTER OF SUNNY ISLES, INC.

Principal Place of Business

17100 COLLINS AVE.
SUITE 212
SUNNY ISLE FL 33160

Mailing Address

17100 COLLINS AVE.
SUITE 212
SUNNY ISLE FL 33160

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/22/1994

5. FEI Number

65-0476811

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
SD	BARON, YISRAEL	17100 COLLINS AVE., SUITE 212	SUNNY ISLE FL 33160
SD	SUFRIN, YISROEL B	17100 COLLINS AVE., SUITE 212	SUNNY ISLE FL 33160
SDT	MOTT, LEVI	17100 COLLINS AVE, STE 212	SUNNY ISLES FL 33160
VD	BARON, ISAAC	17100 COLLINS AVE, STE 212	SUNNY ISLES FL 33160
VD	SUFRIN ELIYOHU	17100 COLLINS AVE, STE 212	SUNNY ISLES FL 33160
VD	SHOSHANA, SIMON	17100 COLLINS AVE, STE 212	SUNNY ISLES FL 33160

8. Name and Address of Current Registered Agent

BARON, YISRAEL
17100 COLLINS AVE.
SUITE 212
SUNNY ISLE FL 33160

9. Name and Address of New Registered Agent

Name YISROEL B. SUFRIN
Street Address (P.O. Box Number is Not Acceptable)
17100 COLLINS AVE
Suite, Apt. #, Etc.
212
City SUNNY ISLES BEACH State FL Zip Code 33160

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

Yisroel B. Sufrin
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/08/02

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:

Yisroel B. Sufrin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
B. SUFRIN 11/08/02 305 469-1400
Date Daytime Phone #

CR2E040 (8/02)