

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Glenda E. Hood**  
Secretary of State

DIVISION OF CORPORATIONS

FILED

04 OCT 22 PM 1:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000000832**

1. Corporation Name

**CHABAD LUBAVITCH OF DELRAY-BOYNTON BEACH, INC.**

Principal Place of Business

Mailing Address

7495 W ATLANTIC AVE  
220  
DELRAY BEACH FL 33446

7495 W ATLANTIC AVE  
220  
DELRAY BEACH FL 33446

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT** 03-04



4. Date Incorporated or Qualified To Do Business in Florida		02/07/1995
5. FEI Number	62-1628885	Applied For
		Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input 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
D	KORF, SHOLOM B RABBI	7271 W. ATLANTIC AVE.	DELRAY BEACH FL 33446
D	CIMENT, SHOLOM RABBI	11211 S. MILITARY TRAIL	BOYNTON BEACH FL 33437
D	KORF, RIVKA	7271 W. ATLANTIC AVE.	DELRAY BEACH FL 33446

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KORF, SHOLOM B RABBI 7271 W. ATLANTIC AVE. DELRAY BEACH FL 33446	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State <b>FL</b>

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

Date 10/21/24

REGISTERED AGENT MUST SIGN

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: SHOLOM KORF  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5/1/24 Daytime Phone # 561 496-6228

CR2E040 (7/03)