2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000000581

FILED Nov 21, 2005 Secretary of State

Entity Name: CHABAD JEWISH CENTER OF MARTIN/ST. LUCIE COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

3473 SW PALM CITY SCHOOL 2809 SW SUNSET TRAIL PALM CITY, FL 34990 PALM CITY, FL 34990

Current Mailing Address: New Mailing Address:

3571 S W THISTLWOOD LN 2809 SW SUNSET TRAIL PALM CITY, FL 34990 PALM CITY, FL 34990

FEI Number: 65-0896121 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GRAZI, LEIF J 217 E. OCEAN BLVD. STUART, FL 34994 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LEIF GRAZI

OFFICERS AND DIRECTORS:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

UMINER, RABBI S UMINER, RABBI S Name: Name: 3571 S W THISTLWOOD LN Address: 2809 SW SUNSET TRAIL Address: City-St-Zip: PALM CITY, FL 34990 City-St-Zip: PALM CITY, FL 34990

Title: () Delete Title: (X) Change () Addition HARLIG, RABBI Y Name: HARLIG, RABBI Y Name:

Address: 8523 S W 103RD ST Address: 8523 SW 103RD ST City-St-Zip: MIAMI, FL 33156 City-St-Zip: MIAMI, FL 33156

Title: STD () Delete Title: STD (X) Change () Addition

UMINER, DANIELLA UMINER, DANIELLA Name: Name: 3571 S W THISTLWOOD LN Address: Address: 2809 SW SUNSET TRAIL City-St-Zip: PALM CITY, FL 34990 City-St-Zip: PALM CITY, FL 34990

Title: () Delete Title: (X) Change () Addition

Name: FERVISH, DALFIN R Name: FEIVISH, DALFIN R 7421 MIAMI VIEW DR Address: Address: 7421 MIAMI VIEW DR City-St-Zip: MIAMI, FL 33141 City-St-Zip: MIAMI, FL 33141

Title: () Delete Title: () Change () Addition

GOLDMAN, BEREL Name: Name: 2201 N W 5TH AVE Address: Address: GAINESVILLE, FL 33603 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHLOMO UMINER **PRES** 11/21/2005