

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000000581

FILED
Oct 21, 2009
Secretary of State

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

Current Principal Place of Business:

2809 SW SUNSET TRAIL
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

2809 SW SUNSET TRAIL
PALM CITY, FL 34990

New Mailing Address:

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:

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

Name and Address of New Registered Agent:

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

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTT () Delete
Name: UMINER, RABBI S
Address: 2809 SW SUNSET TRAIL
City-St-Zip: PALM CITY, FL 34990

Title: VPT () Delete
Name: HARLIG, RABBI Y
Address: 8523 SW 103RD ST
City-St-Zip: MIAMI, FL 33156

Title: STD () Delete
Name: UMINER, DANIELLA
Address: 2809 SW SUNSET TRAIL
City-St-Zip: PALM CITY, FL 34990

Title: T () Delete
Name: FEIVISH, DALFIN R
Address: 7421 MIAMI VIEW DR.
City-St-Zip: MIAMI, FL 33141

Title: T () Delete
Name: GOLDMAN, BEREL
Address: 2201 N W 5TH AVE
City-St-Zip: GAINESVILLE, FL 33603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

PTT

10/21/2009

Electronic Signature of Signing Officer or Director

Date