

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
05 MAY 17 PM 12:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N99000001822

1. Corporation Name  
CHABAD LUBAVITCH OF WELLINGTON, INC.

2. Principal Office Address  
1755 GRANTHAM DR  
Suite, Apt. #, etc.

3. Mailing Office Address  
Suite, Apt. #, etc.

City & State  
Wellington, FL

City & State

Zip 33414 Country USA

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 3/24/99

5. FEI Number 65-0911952 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 LAWRENCE A. GREENBERG  
Street Address (P.O. Box Number is Not Acceptable) 1740 GRANTHAM DRIVE  
Suite, Apt. # Etc. Wellington  
City FLORIDA State FL Zip Code 33414

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 Lawrence A. Greenberg Date 5/5/05  
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
DP	MUSKAL, MENACHEM M	1755 GRANTHAM DR	Wellington, FL 33414
DST	CIMENT, SHLOM	10672 KASHMIR CT	Boynton Beach FL 33437
D	LIPSZYC, ABRAHAM	1948 NE 123RD CT	N. MIAMI, FL 33181

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: *M. Muskal* M. MUSKAL, PRES 5/5/05 JGI 333 4663  
SIGNATURE AND TYPED & PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E061 (01/05)