

**2017 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N10000001468

**Entity Name:** CHABAD LUBAVITCH OF LAKELAND, INC.**Current Principal Place of Business:**2270 GRIFFIN ROAD  
LAKELAND, FL 33810**Current Mailing Address:**2270 GRIFFIN ROAD  
LAKELAND, FL 33810 US**FEI Number:** 45-4233720**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LAZAROS, MOSHE  
2270 GRIFFIN ROAD  
LAKELAND, FL 33810 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:** MOSHE LAZAROS

09/28/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            LAZAROS, MOSHE RABBI  
Address        3775 PRESCOTT LOOP  
City-State-Zip: LAKELAND FL 33810

Title            DIRECTOR  
Name            DUBROWSKI, YOSSIE RABBI  
Address        4717 GRAINARY AVENUE  
City-State-Zip: TAMPA FL 33624

Title            DIRECTOR  
Name            DUBOV, SHOLOM RABBI  
Address        642 GREEN MEADOW AVENUE  
City-State-Zip: MAITLAND FL 32751

Title            DIRECTOR  
Name            WIENER, MICHAEL  
Address        2137 KIRKLAND LAKE DRIVE  
City-State-Zip: AUBURNDALE FL 33823

Title            DIRECTOR  
Name            PURETZ, JEFFREY M.D.  
Address        6603 STONINGTON DRIVE NORTH  
City-State-Zip: TAMPA FL 33647

Title            DIRECTOR  
Name            BORTUNK, FRANK  
Address        3745 PINE TREE DRIVE  
City-State-Zip: MIAMI BEACH FL 33140

Title            SECRETARY, DIRECTOR  
Name            FRIEDMAN, MENACHEM RABBI  
Address        3858 PRESCOTT LOOP  
City-State-Zip: LAKELAND FL 33810

*I hereby 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 all other like empowered.*

**SIGNATURE:** MOSHE LAZAROS

09/28/2017

Electronic Signature of Signing Officer/Director Detail

Date