

**2016 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N11000004403

**Entity Name:** CHABAD LUBAVITCH OF SKYLAKE, INC.

**Current Principal Place of Business:**

2045 NE186TH DR  
NORTH MIAMI BEACH, FL 33179

**Current Mailing Address:**

2045 NE 186 DR  
NORTH MIAMI BEACH, FL 33179

**FEI Number: 45-1646602**

**Certificate of Status Desired: No**

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

ROSENBERG, HINDA VITA  
2045 NE 186 DR  
NORTH MAIMI BEACH, FL 33179 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: HINDA ROSENBERG**

**12/08/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name ROSENBERG, HINDA VITA  
Address 2045 NE 186 DR  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title D  
Name ZARA, FAWN  
Address 20401 NE30TH AVE  
APT #218  
City-State-Zip: AVENTURA FL 33180

Title D  
Name MOLINA-COTERON, MIRIAM  
Address 2010 NE 186TH DR  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title D  
Name LAZERSON, DAVID  
Address 1260 NE 174TH ST  
City-State-Zip: MIAMI FL 33162

Title OFFICER  
Name ROSENBERG, JONAS ISREAL  
Address 2045 NE186TH DR  
City-State-Zip: NORTH MIAMI BEACH FL 33179

*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: HINDA ROSENBERG**

**PRESIDENT**

**12/08/2016**

Electronic Signature of Signing Officer/Director Detail

Date