

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G69380

1. Corporation Name

THE 135 COLLECTION, INC.

Principal Place of Business

Mailing Address

3149 JOHN P CURCI DR
BLDG 1-A BAY 2
PEMBROKE PINES FL 33009
US

3149 JOHN P CURCI DR
BLDG 1-A BAY 2
PEMBROKE PINES FL 33009
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/04/1983

5. FEI Number

59-2331219

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
STD	SAFREN, HAROLD	3149 JOHN P CURCI DR BLDG 1-A B	PEMBROKE PARK FL 33009
PD	SAFREN, STEPHANIE	3149 JOHN P CURCI DR BLDG 1-A BA	PEMBROKE PARK FL 33009

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SAFREN, HAROLD
625 NW 110 AVE
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Harold Safren
REGISTERED AGENT MUST SIGN

Date

10/12/00

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAROLD SAFREN

Date

10/12/00

Daytime Phone #

CR2E040 (8/00)

THE 135 COLLECTION, INC.

3149 JOHN P. CURCI DRIVE
BLDG. 1-A, BAY 2
PEMBROKE PARK, FL 33009-3834
TEL. (954)-989-1919 • FAX (954)-893-6822

October 16, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Administrative Dissolution or Revocation
G69389
Federal I.D. # 59-2331219

To Whom It May Concern:

Pursuant to my conversation with a woman named "Leslie" and an another unknown gentlemen I am enclosing our check in the amount of \$150.00, dated 10/13/00, #8676, for our annual Corporate fees. Please accept our sincere apology for not filling this return in a timely manner, but this is the first time that we have received this form.

We would greatly appreciate it if you would kindly waive any and all penalties resulting from the late payment of the annual fees.

Once again, any and all relief, help or cooperation would be truly appreciated.
Thanking you in advance.

Respectfully,

HAROLD SAFREN
Secretary/Treasurer

Enclosures