

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

00 OCT -3 PM 1:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 687011

**1. Corporation Name**

ONE HUNDRED THIRTY-SIX, INC

**2. Principal Office Address**

C/O LOWY - LEFF  
1550 S DIXIE HWY

Suite, Apt. #, etc.

210

City & State

CORAL GABLES FL

Zip

33146

Country

USA

**3. Mailing Office Address**

C/O LOWY - LEFF  
1550 S DIXIE HWY

Suite, Apt. #, etc.

210

City & State

CORAL GABLES FL

Zip

33146

Country

USA

**4. Date Incorporated or Qualified**

— To Do Business in Florida —

12/23/02

**5. FEI Number**

59 2269401

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

Simon Lowy

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

1550 S DIXIE HWY

Suite, Apt. #, Etc.

STE 210

City

CORAL GABLES FL

State

FL

Zip Code

33146

**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

*Simon Lowy*

REGISTERED AGENT MUST SIGN

Date 9/18/00

**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
PRES	MICHAEL LEFF	2441 SW 134 DR	Miami FL 33156
SETR	Simon Lowy	14210 SW 74 ST	Miami FL 33183

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**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:

*Michael Leff*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL LEFF PRESIDENT

9/18/00

Date

203 6664646

Daytime Phone #