

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000049798

1. Entity Name  
135 LAKE WORTH CORP.



FILED

2006 NOV -7 PM 4:21

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

5801 CONGRESS AVE.  
BOCA RATON, FL 33487 US

Mailing Address

5801 CONGRESS AVE.  
BOCA RATON, FL 33487 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

10122006 REIN-P. - CR2E098 (11/05)

86

4. FEI Number  
65-0760361

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOMBACH, GEOFFREY S  
500 E. BROWARD BLVD., STE. 1950  
FT. LAUDERDALE, FL 33394

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and entity applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/30/06

FILE NOW!!! FEE IS \$750.00  
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME WOLF, STEVEN  
STREET ADDRESS 5801 CONGRESS AVE.  
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE D ☐ Delete  
NAME SIEMENS, RICHARD  
STREET ADDRESS 5801 CONGRESS AVE.  
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 100080959771  
CITY-ST-ZIP 10/18/06--01040--004 \*\*750.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven Wolf

Date

10/12/06 561-498-5600

Daytime Phone #