

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV -7 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000043091**

1. Corporation Name

Menaker Investments I, INC.

2. Principal Office Address

7120 LAKE ELLENOR DR

Suite, Apt. #, etc.

City & State

Orlando, Fla

Zip

32809

Country

ORANGE

3. Mailing Office Address

7120 LAKE ELLENOR DR

Suite, Apt. #, etc.

City & State

Orlando, Fla.

Zip

32809

Country

ORANGE

REINSTATEMENT 02-03

09/02/03 01008 002 \$2052.50

**4. Date Incorporated or Qualified
To Do Business in Florida**

5-08-1998

5. FEI Number

59-3511650

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

Menaker, Mitchell G.

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

7120 LAKE ELLENOR DR.

Suite, Apt. #, Etc.

City

Orlando, Fla

State

FL

Zip Code

32809

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

REGISTERED AGENT MUST SIGN

Date

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
D	Menaker, Mitchell G	7120 LAKE ELLENOR DR	Orlando, Fla 32809

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/3/03

Daytime Phone #

CR2E081 (10/02)

Menaker Investments I Inc.

Department of State
Division of Corporations
400 East Gaines Street
Tallahassee, Florida 32399

To Whom It May Concern:

Corporate Office

On August 22, 2003 we simultaneously filed a corporate reinstatement application for an entity by the name of Menaker Investments I Ltd. and forwarded a check in the amount of **\$2052.50**. Please see the enclosed application previously filed as well as the stamped receipt of our check (receipt #800022682278).

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Upon our review of the situation, it has come to our attention that the application filed was in fact for the wrong entity and the check sent was for the wrong amount. The entity that we respectfully request to be reinstated is in fact Menaker Investments I Inc. with Mitchell G Menaker as its President. The correct check that should have been sent should have only been for **\$900** instead of **\$2052.50**. We request that the difference of **\$1152.50** be refunded to us immediately and the correct entity be reinstated. We enclose the correct application for your review and reinstatement.

Your anticipated cooperation is appreciated. Please feel free to contact me at the above address and phone number should you have any questions.

Sincerely,



Mitchell G Menaker
President
Menaker Investments I Inc.