

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000099647

1. Corporation Name 12 FLORIDA CITY CORP

FILED

04 FEB 26 PM 1:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 03-04

000029410520
02/25/04--01070--027 **908.75

2. Principal Office Address 5251 W. BAY Rd.		3. Mailing Office Address 5251 N BAY Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI BEACH, FL		City & State MIAMI BEACH, FL	
Zip 33140	Country USA	Zip 33140	Country

4. Date Incorporated or Qualified
To Do Business in Florida 9/16/2002

5. FEI Number 22-3872510
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 JAY MIRMELLI
Street Address (P.O. Box Number is Not Acceptable)
5251 N BAY Rd.
Suite, Apt. #, Etc.
City MIAMI BEACH
State FL Zip Code 33140

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
Date 2/19/04
REGISTERED AGENT MUST SIGN

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
PS	JAY MIRMELLI	5251 N BAY Rd	MIAMI BEACH, FL 33140
V	GARY TURNER	8640 SW 212 ST # 108	MIAMI, FL 33189

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

2/19/04 305-778-6671
Date Daytime Phone #