

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR -7 AM 9: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000003071

1. Corporation Name

12347 Realty Corp.

2. Principal Office Address - No P.O. Box #

12347 NW 69 CT
Parkland, FL 33076-3338

Suite, Apt. #, etc.

3. Mailing Office Address

12347 NW 69 CT
Parkland FL 33076-3338

Suite, Apt. #, etc.

City & State

Parkland FL

City & State

Parkland FL

Zip

33076

Country

USA

Zip

33076

Country

USA

100146224751

03/19/09--01011--012 **308.75

REINSTATEMENT 07-09

4. Date incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-4078742

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

TAVAREZ, JOSE

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

12347 NW 69th Court

Suite, Apt. #, Etc.

City

Parkland

State

FL

Zip Code

33076

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

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
Pres.	JOSE TAVAREZ	12347 NW 69 CT	Parkland FL, 33076
Sec.	Isabel TAVAREZ	12347 NW 69 CT	Parkland FL 33076

100146224751

04/07/09--01032--009 **150.00

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 contained in Chapter 119, 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

3/16/09

Date

954-3464634

Daytime Phone #