

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

FILED

01 FEB 26 PM 3:38

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

APPLICATION
 FOR
 REINSTATEMENT

DOCUMENT # **P98000090008**

1. Corporation Name
12849 CORPORATION

Principal Place of Business Mailing Address
 4061 SOUTHWEST 47TH AVENUE 4061 SOUTHWEST 47TH AVENUE
 FORT LAUDERDALE FL 33314 FORT LAUDERDALE FL 33314

Handwritten initials



REINSTATEMENT 00-01

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/22/1998	
City & State		City & State		5. FEI Number	
Zip		Country		65-0894134	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	SPRING, BARRY	4061 SOUTHWEST 47TH AVENUE	FORT LAUDERDALE FL 33314
ST	YECKES, MITCH	4061 SOUTHWEST 47TH AVENUE	FORT LAUDERDALE FL 33314
ST	SPRING, MARIA	4061 SOUTHWEST 47TH AVE	FORT LAUDERDALE, FL 33314
			200003795332--8
			-03/02/01--01022--026
			***908.75 ***908.75

8. Name and Address of Current Registered Agent

YECKES, MITCH
 4061 SW 47TH AVE
 FT LAUDERDALE FL 33314

9. Name and Address of New Registered Agent

Name **MARIA SPRING**
 Street Address (P.O. Box Number is Not Acceptable) **1590 SHORELINE WAY**
 Suite, Apt. #, Etc.
 City **Hollywood** State **FL** Zip Code **33019**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *SIGNATURE REQUIRED* Date 2/22/2001
 REGISTERED AGENT MUST SIGN

11. 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 REQUIRED AS Secretary/Treasurer* Date 2/22/2001
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

954-581-2490

CR2E040 (8/00)