

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000043781

1. Entity Name
212 PLAY, INC.



FILED
04 DEC 27 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2276 N.W. 82ND AVE
MIAMI, FL 33122

Mailing Address
2276 N.W. 82ND AVE
MIAMI, FL 33122

2. Principal Place of Business
5275 NW 161 ST
Suite, Apt. #, etc.

3. Mailing Address
5275 NW 161 ST
Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33014

Country
USA

Zip
33014

Country
USA



12222004 REIN-P CR2E098 (6/04)

4. FEI Number
65-1004406

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
~~MOSCATEL, ELIAS
20805 NE 3RD PLACE
AVENTURO, FL 33180~~

7. Name and Address of New Registered Agent
Name
Elias Moscatel
Street Address (P.O. Box Number is Not Acceptable)
20805 NE 30th Place
City
Aventura FL Zip Code
33180

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 *Elias Moscatel* Elias Moscatel 12/21/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R MOSCATEL, RAFAEL 19250 N.E. 29TH COURT HOLLYWOOD, FL 33029	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600043651976 12/27/04--01090--008 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOSCATEL, ELIAS 20805 NE 30 PLACE AVENTURA, FL 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MOSCATEL, ELIAS 20805 NE 30th Place Aventura, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MOSCOTEL, DAVID 19250 SW 29TH CT MIAMI, FL 33029	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Elias Moscatel* Elias Moscatel 12/21/04 (305) 430-9610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #