
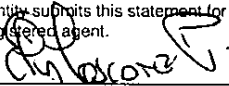
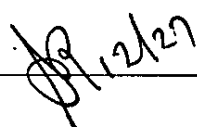
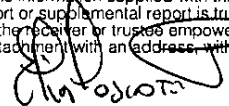


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P0000043781					
1. Entity Name 212 PLAY, INC.					
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		3. Mailing Address 5275 NW 161 ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 65-1004406	
Zip 33014		Country USA		Applied For Not Applicable	
Zip 33014		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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		
 			State 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		DATE 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 MOSCATEL, RAFAEL 19250 N.E. 29TH COURT HOLLYWOOD, FL 33029 <input checked="" type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 600043651976 12/27/04--01090--008 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP MOSCATEL, ELIAS 20805 NE 30 PLACE AVENTURA, FL 33180 <input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PS MOSCATEL, ELIAS 20805 NE 30th Place Aventura, FL 33180		
TITLE NAME STREET ADDRESS CITY-ST-ZIP MOSCATEL, DAVID 19250 SW 29TH CT MIAMI, FL 33029 <input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition 		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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		DATE 12/21/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # (305) 930-9610	

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



12222004 REIN-P CR2E098 (6/04)