

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP -3 AM 9 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000072034

1. Corporation Name

12 INC.

2. Principal Office Address

7556 STIRLING RD

3. Mailing Office Address

7556 STIRLING RD.

Suite, Apt. #, etc.

224

Suite, Apt. #, etc.

224

City & State

DAVIE, FL.

City & State

DAVIE, FL

Zip

33024

Country

Zip

33024

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

02-0624748

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

IMRAN MOHAMMAD

800040808028

09/03/04--01039--002 **150.00

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

7556 STIRLING RD.

800040808028

09/03/04--01039--003 **150.00

Suite, Apt. #, Etc.

224

City

DAVIE

State

FL

Zip Code

33024

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

IMRAN

Date

8/20/04

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
PD	IMRAN MOHAMMAD	7556 STIRLING RD.	DAVIE, FL 33024
VD	ANWAR ZAHID	7556 STIRLING RD.	DAVIE FL 33024

REINSTATEMENT 03-04

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 that the signatures 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:

IMRAN

8/20/04

To,

Fla. Dept of State
Re-instatement Section

Re: Doc. # P02000072034
ANNUAL REPORT
FOR the year 2003 & 2004.

Dear Sir,

Enclosed Two checks with —
Completed Re-instatement application and
2004 Annual Report application as per
your instructions over the phone.

I didn't receive any Forms or
notice last year my street name is —
STIRLING RD. NOT STARLING ROAD. I went
to open the bank account last week and
found out my Corporation was dissolved.

Please help Please I am requesting —
Re-instatement dept: to up date my Corpor-
ation and waive the late fee. because I
didn't receive any notice or Forms.
Thank you for your consideration & help.
Sincerely yours
DAN