


2005 FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000075585		
1. Entity Name 12530-4 CORP.		

FILED
05 APR 15 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2201 NORTHWEST CORPORATE BOULEVARD SUITE 103 BOCA RATON, FL 33431	Mailing Address 2201 NORTHWEST CORPORATE BOULEVARD SUITE 103 BOCA RATON, FL 33431
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2. Principal Place of Business 12530 W. Atlantic Blvd Suite, Apt. #, etc.	3. Mailing Address 12530 W. Atlantic Blvd Suite, Apt. #, etc.
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City & State Coral Springs, FL	City & State Coral Springs, FL
Zip 33071	Zip 33071
Country US	Country US



04042005 REINSTATEMENT 04-05

6. Name and Address of Current Registered Agent BEYER, STEVEN 2201 NORTHWEST CORPORATE BOULEVARD SUITE 103 BOCA RATON, FL 33431	
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4. FEI Number 02-0692990	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent Name Mindee Borzilleri Street Address (P.O. Box Number, is Not Acceptable) 12530 W. Atlantic Blvd City Coral Springs, FL Zip Code 33071	
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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 Mindee Borzilleri
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEYER, STEVEN 2201 NORTHWEST CORPORATE BLVD., SUITE 103 BOCA RATON, FL 33431 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mindee Borzilleri 12530 W. Atlantic Blvd Coral Springs, FL 33071 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Mindee Borzilleri 4.5.05
Signature and typed or printed name of signing officer or director Date Daytime Phone #