• TPLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATI ISTATEM				DEPART Secretary	of S			FILE 12 MAR 21 SECRETARY (PM 1: 25	
DOCUMENT # P03000057276 1. Corporation Name 1223 MANAGEMENT, INC.									TALLAHASSEE		
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 1233 Collins Avenue 1051 Washington Avenue								100224769711 03/14/1201030011 **758.75			
Suite, Apt.		ue	+	1051 Washington Avenue Suite, Apt. #, etc.			CR2E091 (11/10)				
					<u></u>			Date Incorporated or Qualified To Do Business in Florida			
city & State Miami Beach, Fl				City & State Miami Beach, Fl			5, FEI Numbe 57-118838		Applie Not A	ed For pplicable	
Zip 33139	33139		y Zip 33139			Country		6. CERTIFICAT	6. CERTIFICATE OF STATUS DESIREC 53.79 Additional Fice required for a Certificate of Status		
7. Name and Address of Current Registered Agent											
YOSEF LIKPIN											
Street Address (P.O. Box Number is Not Acceptable) 1051 Washington Avenue								1			
Suite, Apt. #, Etc.											
City MIAMI BEACH State FL 331							Zip Code 33139				
8. I, bein	g appointed th	e registe:	ed agent of the at	ove named corp	oration, am	familiar	with and accept the	obligations of section	on 607,0505 or 617,05	03, F.S.	
Signature of Registered Agent PREGISTERED AGENT MUST SIGN								Date 03-07-2012			
g Nomo	o and Street A	ddesses					ocations must list at	least 3 directors)		 _	
Titles	nes and Street Addresses of Each Officer and/or Director (F Name of Officers and/or Directors				Street Address of Each Officer and/or Director			ch	c	ity / State / Zip	
Р	YOSEF LIKPIN				1051 Washington Av			Avenue	Miami Be	each, Fl 33	3139
	MAR 2 1 2012										
	T. SCOTT				REINSTAT			TEM	ENTI	<u>ک</u>	
							-				
^{10.} E-m	ail Addres	88: AL	BERTBENDE	RCO@BELL						· •	
11 Certify	y that I am an	officer or	director or the rec	eiver or trustee (tor tuture annual repo rute this epplication a		apter 607 or 617. F.S. I fu	ther centify that when hing	this
reinste owed i if made	stement applicately the corporat	nion, the Kon have	reason for dissolution paid. I furthe	tion has been eli: r certify, the info	minetod, the mation indic	corpora ated on	ate name setisfies the this application is tri	e requirements of a ue and accurate, an	ection 607.0401 or 617 Id my signature shall h	'.0401, F.S., and that all ave the same legal effer teg for in \$,817.155, F.S	l (Begg Ctas
			SIGNATURE AND	TYPED OR PRIN	TED HAME O	r SIGNII	NG OFFICER OR DIRE	CTOR	Dete	Daytime P	hone #