

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000148600

1. Entity Name
212 ENTERTAINMENT CLUB, INC.



FILED
06 MAY 16 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
841 WASHINGTON AVENUE
MIAMI, FL 33139

Mailing Address
5580 NE 31ST AVENUE
FORT LAUDERDALE, FL 33308

2. Principal Place of Business
676 WEST PROSPECT RD

3. Mailing Address
P.O. Box 1711

Suite, Apt. #, etc.

City & State
FORT LAUDERDALE FL

City & State
POMPANO BEACH, FL

Zip
33309

Country
BROWARD

Zip
33061

Country
BROWARD



04122006 REIN-P CR2E098 (11/05)

6. Name and Address of Current Registered Agent
PARASHAKIS, GEORGE
5590 NE 31ST AVENUE
FORT LAUDERDALE, FL 33308

4. FEI Number

☒ Applied For
☐ Not Applicable

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

7. Name and Address of New Registered Agent
Name
GEORGE ELIA
Street Address (P.O. Box Number is Not Acceptable)
5580 NE 31ST AVENUE
City
FORT LAUDERDALE FL Zip Code
33308

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 *George Elia* DIRECTOR/PRESIDENT GEORGE ELIA 5-3-06
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.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARASHAKIS, GEORGE 841 WASHINGTON AVENUE MIAMI, FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEORGE ELIA 5580 NE 31ST AVENUE FORT LAUDERDALE FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KIPREOS, GRIGORIOS 841 WASHINGTON AVENUE MIAMI, FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARLENE ELIA 5580 NE 31ST AVENUE FORT LAUDERDALE, FL 33308 <input checked="" 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	REINSTATEMENT <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	8/5/24 <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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Further, I 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: *Grigorios Kipreos* 4-11-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #