
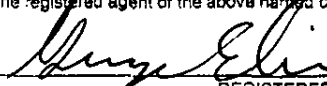
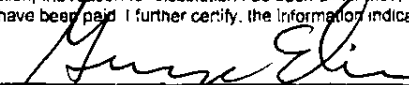


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 2010 AR		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # PD 4000148600			
1. Corporation Name 212 ENTERTAINMENT CLUB INC			
2. Principal Office Address - No P.O. Box # 676 WEST PROSPECT RD Suite, Apt. #, etc.		3. Mailing Office Address P.O. BOX 1711 Suite, Apt. #, etc.	
City & State FORT LAUDERDALE FL		City & State POMPAHO BEACH FL	
Zip 33309	Country USA	Zip 33061	Country USA
7. Name and Address of Current Registered Agent			
Name GEORGE ELIA			
Street Address (P.O. Box Number is Not Acceptable) 676 WEST PROSPECT RD.			
Suite, Apt. #, Etc.			
City FORT LAUDERDALE		State FL	Zip Code 33309
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 		Date 5-10-10	
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
P	GEORGE ELIA	676 WEST PROSPECT RD	FORT LAUDERDALE FL 33309
D	DARLENE ELIA	676 WEST PROSPECT RD	FT LAUDERDALE FL 33309
10. E-mail Address: GEORGEELIA@HOTMAIL.COM (To be used for future annual report notification)			
11. 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. I further certify 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: 		Date 5-10-10	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

FILED

10 MAY 13 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600180844046  
05/13/10--01030--007 \*\*158.75

CR2E081 (4/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

10-28-2004

5. FEI Number

510583591

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

1142