

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB 26 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000090008**

1. Corporation Name

12849 CORPORATION

Principal Place of Business

Mailing Address

4061 SOUTHWEST 47TH AVENUE
FORT LAUDERDALE FL 33314

4061 SOUTHWEST 47TH AVENUE
FORT LAUDERDALE FL 33314

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/22/1998

5. FEI Number

65-0894134

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	SPRING, BARRY	4061 SOUTHWEST 47TH AVENUE	FORT LAUDERDALE FL 33314
ST	YECKES, MITCH	4061 SOUTHWEST 47TH AVENUE	FORT LAUDERDALE FL 33314
ST	SPRING, MARIA	4061 SOUTHWEST 47TH AVE	FORT LAUDERDALE, FL 33314
			200003795332--8 -03/02/01--01022--026 ***908.75 ***908.75

8. Name and Address of Current Registered Agent

YECKES, MITCH
4061 SW 47TH AVE
FT LAUDERDALE FL 33314

9. Name and Address of New Registered Agent

Name

MARIA SPRING

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

1590 SHORELINE WAY

Suite, Apt. #, Etc.

City

Hollywood

State

Zip Code

FL

33019

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

2/22/2001

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 and the names 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

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AS Secretary/Treasurer

Date

Daytime Phone #

2/22/2001

954-581-2470

CR2E040 (8/00)