## 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000015421

Entity Name: 12 INVESTMENT PARTNERS, INC

FILED Apr 08, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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5323 OVERBROOK DRIVE MILTON, FL 32570

**Current Mailing Address: New Mailing Address:** 

7250 OLD REDMOND ROAD #E120 REDMOND, WA 98052

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GOLDSMITH, VERA GOLDSMITH, CARMEN 5323 OVERBROOK DR 5323 OVERBROOK DR MILTON, FL 32570 MILTON, FL 32570

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.

SIGNATURE: CARMEN GOLDSMITH 04/08/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition WEST, MONA GOLDSMITH-WEST, MONA Name: Name: 7250 OLD REDMOND RD, #E120

7250 OLD REDMOND RD, #E120 Address: Address:

City-St-Zip: REDMOND, WA 98052 City-St-Zip: REDMOND, WA 98052

Title: VD Title: (X) Change ( ) Addition () Delete GOLDSMITH, VERA Name: Name: WEST, DENMARK

5323 OVERBROOK DR 25 BROAD ST #16C Address: Address: NEW YORK, NY 10004 City-St-Zip: MILTON, FL 32570 City-St-Zip:

Title: Title: SD (X) Delete () Change () Addition

GOLDSMITH, CARMEN Name: Name: 5323 OVERBROOK DR Address: Address: City-St-Zip: MILTON, FL 32570 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONA GOLDSMITH-WEST PD 04/08/2005