

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS



APPROVED AND FILED  
 1998 FEB 11 AM 11:22  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **K68350**

1. Corporation Name  
**One Up Corporation**

Principal Place of Business Mailing Address  
**12801 N. Stemmons Frwy Suite 710 Farmers Branch, TX 75234** **Same**

300002432233--8  
 -02/17/98--01007--009  
 \*\*\*\*908.75 \*\*\*\*908.75

**REINSTATEMENT**

97-98  
 2/11/98

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02-24-89	
City & State		City & State		5. FEI Number	
Zip		Country		65-0215664	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres/CEO/Dir	W. Curtis Overstreet	12801 Stemmons Frwy #710	Farmers Branch, TX 75234
COO/Secy	Ricky J. Johnson	14026 Prestwick Drive	Farmers Branch, TX 75234
V.P.	Joseph B. Meredith	4515 Shenandoah	Dallas, TX 75205
Dir.	Jeffrey C. Manchester	6915 Red Road #222	Coral Gables, FL 33143
Dir.	Benjamin Swirsky	410-4100 Yonge St.	Toronto, Ontario Canada M2P2B5

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
Eric P. Littman, Esq. 1428 Brickell Avenue 8th Floor Miami, FL 33131		Name <b>James M. Schneider, Esq.</b>			
		Street Address (P.O. Box Number is Not Acceptable) <b>200 E. Las Olas Blvd</b>			
		Suite, Apt. #, Etc. <b>Suite 1900</b>			
		City <b>Ft. Lauderdale</b>		State <b>FL</b>	Zip Code <b>33301</b>

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]* REGISTERED AGENT MUST SIGN Date: \_\_\_\_\_

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **W. Curtis Overstreet**  
 Date: **2-9-98** Daytime Phone #: **(972) 969-0300**

CR2E040 (1/98)