

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N26074**

1. Corporation Name

LIGHT UP MIAMI, INC.

Principal Place of Business

**C/O CARLOS BATISTA
413 BRICKELL AVE., APT. 2-A
MIAMI FL**

Mailing Address

**C/O CARLOS BATISTA
413 BRICKELL AVE., APT. 2-A
MIAMI FL**

FILED

97 NOV 13 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 97

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

04/25/1988

5. FEI Number

65-0072143

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DP	BATISTA, CARLOS	413 BRICKELL AVE. APT 2-A	MIAMI FL
VD	ALVARINO, DIXON	420 LINCOLN ROAD #309	MIAMI BEACH FL
SD	HARRIS, JEFFREY	2412 SW 16TH AVE.	MIAMI FL
TD	JOHNSON, HENRY	330 BISCAYNE BLVD.	MIAMI FL

8. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Delorah N. Skipper, as agent
REGISTERED AGENT MUST SIGN

Date

11-12-97

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:

Carlos Batista **CARLOS BATISTA** 11/3/97 (302) 375-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #