

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 14 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000064481**

1. Corporation Name
UP 2 SPEX, INC.

Principal Place of Business 8303 SOUTH DIXIE HIGHWAY MIAMI FL 33143 US	Mailing Address 8303 SOUTH DIXIE HIGHWAY MIAMI FL 33143 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 8231 S. DIXIE HWY.	3. New Mailing Office Address, If Applicable 8231 S. DIXIE HWY.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida **09/09/1993**

City & State Miami FL	City & State Miami FL
Zip 33143	Country USA

5. FEI Number **65-0436534**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	WEISS, LORI S	11750 NORTH KENDALL DRIVE	MIAMI FL 33186
D	WEISS, LORI S	11750 NORTH KENDALL DRIVE	MIAMI FL 33186

600010076106
01/14/03 01048 006 **300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**DUNLAP, LORI R
CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLHASSEE FL 32301**

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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

Date

Daytime Phone #

1/8/03 3056658660

CR2ED40 (8/02)

January 7, 2003

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

The original Annual Report for 2002 was never deliverable by the mail carrier due to the fact the address was non-existent. As you can see from the report the correct address is 8321 S Dixie Highway, Miami, FL 33143. Enclosed is a check for \$300.00 to cover the 2002 & 2003 fees.

Sincerely,


Lori Weiss