

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 24 AM 11:33

DOCUMENT # K84950

1. Corporation Name

EHUP, INC.

REINSTATEMENT 03-05

2. Principal Office Address

1340 53rd ST

Suite, Apt. #, etc.

3. Mailing Office Address

1340 53rd ST

Suite, Apt. #, etc.

City & State

West Palm Beach FL

City & State

West Palm Beach FL

Zip 33407

Country

US

Zip 33407

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

05/01/1989

5. FEI Number

65-0126828

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

12/26/03 D1087 023 600⁰⁰

7. Name and Address of Current Registered Agent

Name

William D Phipps

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

1340 53rd ST

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33407

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

William D Phipps

REGISTERED AGENT MUST SIGN

Date 1/15/05

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	William Phipps	1340 53 rd ST	West Palm Beach FL 33407
D	Sandra A Phipps	1340 53 rd ST	West Palm Beach FL 33407

600045196116
01/24/05--01010--017 **300.00

10. 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:

William D Phipps

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/15/05 561-844-7466

Daytime Phone #

CR2E081 (01/04)