

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # 728049

1. Corporation Name

UP FRONT, INC.

Principal Place of Business

5701 BISCAYNE BLVD  
9 PH  
MIAMI FL 33137

Mailing Address

5701 BISCAYNE BLVD  
9 PH  
MIAMI FL 33137

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/19/1974

5. FEI Number

59-1508595

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)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4 |
|---------------|---|--|-------------------------|
| P             | GREENE, KIM                               | 5701 BISCAYNE BLVD #9PH                                | MIAMI FL 33137          |
| D             | RAMOS, JUAN SANCHEZ DR.                   | 5701 BISCAYNE BLVD #9PH                                | MIAMI FL 33137          |
| D             | HALL, JAMES N                             | 5701 BISCAYNE BLVD #9PH                                | MIAMI FL 33137          |
| D             | PAGE, BRYAN DR.                           | 5701 BISCAYNE BLVD #9PH                                | MIAMI FL 33137          |
|               |   |  |                         |
|               |   |  |                         |

8. Name and Address of Current Registered Agent

GREENE, KIM  
5701 BISCAYNE BLVD.  
SUITE 9 PH  
MIAMI FL 33137

9. Name and Address of New Registered Agent

Name

James N. Hall

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

5701 Biscayne Blvd.

Suite, Apt. #, Etc.

903

City

Miami

State

FL

Zip Code

33137

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

*James N. Hall*

REGISTERED AGENT MUST SIGN

Date

Oct. 13, 2000

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*James N. Hall*

Date

Oct. 13, 2000

Daytime Phone #

(306) 757-2566

CR2040 (8/00)