

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC -9 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F 70210

1. Corporation Name

Upsala Florida Corporation

2. Principal Office Address

4764 Shorecrest Dr

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32817

Country

USA

3. Mailing Office Address

4764 Shorecrest Dr

Suite, Apt. #, etc.

City & State

Orlando Florida

Zip

32817

Country

USA

REINSTATEMENT 02-03

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

03/09/82

5. FEI Number

59-2203551

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

2003

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

John Scott Nadd

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

4764 Shorecrest Dr

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32817

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

John Scott Nadd

Date 12/4/03

REGISTERED AGENT MUST SIGN

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
Pres	John Scott Nadd	4764 Shorecrest Dr	Orlando, FL 32817
V.Pres	Agnes Elizabeth Nadd	4764 Shorecrest Dr	Orlando, FL 32817
Secy	John Scott Nadd	4764 Shorecrest Dr	Orlando, FL 32817
Treas	Agnes Elizabeth Nadd	4764 Shorecrest Dr	Orlando, FL 32817

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:

John Scott Nadd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/4/03 (407) 671-1851

Date

Daytime Phone #

CR2E081 (10/02)

21