

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 # **468350**

1. Corporation Name

One Up Corporation

Principal Place of Business

Mailing Address

12801 N. Stemmons Frwy
Suite 710
Farmers Branch, TX 75234

Same

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

02-24-89

5. FEI Number

65-0215664

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 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
Pres/ CEO/Dir.	W. Curtis Overstreet	12801 Stemmons Frwy #710	Farmers Branch, TX 75234
COO/ Secy	Ricky J. Johnson	14026 Prestwick Drive	Farmers Branch, TX 75234
V.P.	Joseph B. Meredith	4515 Shenandoah	Dallas, TX 75205
Dir.	Jeffrey C. Manchester	6915 Red Road #222	Coral Gables, FL 33143
Dir.	Benjamin Swirsky	410-4100 Yonge St.	Toronto, Ontario Canada M2P2B5

8. Name and Address of Current Registered Agent

Eric P. Littman, Esq.
1428 Brickell Avenue
8th Floor
Miami, FL 33131

9. Name and Address of New Registered Agent

Name
James M. Schneider, Esq.
Street Address (P.O. Box Number is Not Acceptable)
200 E. Las Olas Blvd
Suite, Apt. #, Etc.
Suite 1900
City
Ft. Lauderdale State **FL** Zip Code **33301**

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. Curtis Overstreet

Date

2-9-98

(972) 969-0300

Daytime Phone #

CR20040 (1/98)

APPROVED
AND
FILED
1998 FEB 11 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT

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2/11/98