

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN 25 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

DOCUMENT # L0400082755

1. Limited Liability Company's Name

UP STAGE LLC

2. Principal Office Address - No P.O. Box #

605 OAKS DRIVE

Suite, Apt. #, etc.

STE 910

City & State

POMPANO BEACH, FL

Zip

33069

Country

US

3. Mailing Office Address

JAMES AS

Suite, Apt. #, etc.

PRINCIPAL

City & State

OFFICE

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

11/15/04

6. FEI Number

61-1479210

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

ROBERT F MAHONEY, P.A.

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

7777 GLADES ROAD

Suite, Apt. #, Etc.

STE 209

City

BOCA RATON

State

FL

Zip Code

33434

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 1/15/08

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	MARQUES, PATRICE	605 OAKS DRIVE	POMPANO BEACH, FL 33069
MGR	DIAS, PAULO	605 OAKS DRIVE	POMPANO BEACH, FL 33069

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01/30/08--01034--022 **\$55.00

REINSTATEMENT 05-08

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of

Managing Member/Manager

Date 1/15/08

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

MARQUES, PATRICE