

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR 12 PM 1:53

DOCUMENT # **NO2000 00 6313**

1. Corporation Name

Omega Up, Inc.

2. Principal Office Address

3. Mailing Office Address

1735 S. Martin Luther King Dr.
Suite, Apt. #, etc.

Suite, Apt. #, etc.

N/A

N/A

City & State

City & State

Tallahassee, FL

Tallahassee, FL

Zip

Country

Zip

Country

32307

U.S.A.

32307

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

08-20-2002

5. FEI Number

none

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$375 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Levy Anthony II

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

1559 China Grove TL.

Suite, Apt. #, Etc.

N/A

City

Tallahassee

State

FL

Zip Code

32301

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

[Signature of Levy Anthony II]

REGISTERED AGENT MUST SIGN

Date

04/12/04

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	Derric Heck	1559 China Grove TL Tallahassee, FL 32301	Tallahassee, FL 32301
D	Levy Anthony	1559 China Grove TL Tallahassee, FL 32301	Tallahassee, FL 32301
D	Keith Mosley II	1571 Kelly Run	Tallahassee, FL 32301
D	Dhane Scott	1559 China Grove TL	Tallahassee, FL 32301

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/12/04

Daytime Phone #

404-788-2770

Omega Up, Inc.

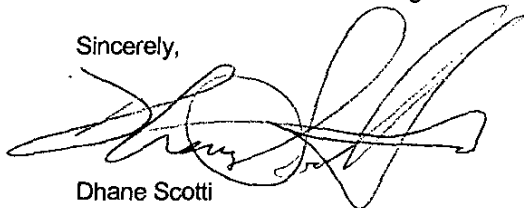
1735 South Martin Luther King Drive.
Tallahassee, FL 32307

April 12, 2004

To whom it may concern/ division of corporations

The purpose of this letter is to inform the secretary of state, department of corporations division that Omega Up, inc. which is classified as a Florida Non profit corporation, has not and at no time previously received a written annual report which is necessary for consideration of active status. As to further avoid this miscommunication, a new reinstatement has been filed for, and all information it contains is current. This issue is concerning the 2003-2004 year and all annual reports related to the period.

Sincerely,

A handwritten signature in black ink, appearing to read 'Dhane Scotti', with a large, stylized flourish extending from the end of the signature.

Dhane Scotti
Keeper of Finance