

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2011 OCT 24 PM 1:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #N04000006155**

1. Corporation Name

Upward Movement Incorporated

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

1208 North 22nd Street

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Pierce, FL

City & State

Zip

34950

Country

United States

Zip

Country

**REINSTATEMENT**

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

32-0174916

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Thelma Prater

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

1208 North 22nd Street

Suite, Apt. #, Etc.

City

Fort Pierce

State

FL

Zip Code

34950

100213612241  
10/24/11--01044--006 \*\*280.00

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

*Thelma Prater*

Date 10-18-2011

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
P	Thelma Prater	1208 North 22nd Street	Fort Pierce, FL 34950
D	Alton Prater	P O Box 8175	Port Saint Lucie, FL 34985

*\$10/25*

10. E-mail Address:

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*Thelma Prater*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-17-2011 77-8010352

Date

Daytime Phone #