

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 JAN 18 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N09000010867

1. Corporation Name

Upsilon Psi Inc

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

833 liberty Street

Suite, Apt. #, etc.

3. Mailing Office Address

833 liberty Street

Suite, Apt. #, etc.

City & State

Tallahassee Florida

Zip

32301

Country

United States

City & State

Tallahassee Florida

Zip

32301

Country

United States

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

27-1104909

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Larry Woods

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

1441 Hudson Street

Suite, Apt. #, Etc.

Apt #1

City

Tallahassee

State

FL

Zip Code

32301

700218826787
01/13/12--01001--002 **358.75

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

Larry Woods II

REGISTERED AGENT MUST SIGN

Date 1/18/12

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 | Anthony Siders | 833 liberty Street | Tallahassee/FL/32301 |
| V | Damonique Cole | 833 liberty Street | Tallahassee/FL/32301 |
| T/D | Larry Woods | 1441 Hudson St Apt 1 | Tallahassee/FL/32301 |
| | | | |
| | | | |
| | | | |

10. E-mail Address: Larry I. Woods@yahoo.com

(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:

Larry Woods II

Larry Woods II

1/18/12

904-778-5110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DB