

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 FEB 19 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N15212**

1. Corporation Name
Up the River, Inc.

Principal Place of Business Mailing Address

**25 SE 2nd Avenue, Suite 621
Miami, FL 33131**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country

3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **6/3/86**

5. FEI Number **59-2693206** 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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/Pres	Gavarrete, Janet	625 Villabella Avenue	Coral Gables, FL 33134
D/VP	Clarke, Lundy	7400 N. Kendall Drive	Miami, FL 33156
D	Jones, Cleve	3700 NW South River DR.	Miami, FL 33142
D	Calloway, Gwen	11706 SW 132 Place	Miami, FL 33186
D	Milian, Arsenio	2025 SW 32 Avenue	Miami, FL 33145
D	Smith, Emanuel	3100 S. Miami Avenue	Miami, FL 33129

8. Name and Address of Current Registered Agent

**Betty C. Fleming
Executive Director
25 SE 2nd Avenue, Suite 621
Miami, FL 33131**

9. Name and Address of New Registered Agent

Name **REINSTATEMENT**

Suite, Apt. #, Etc. **94-98**

City **0000024493206-3**

02/25/98 FL 01096-003

******481.25 ****481.25**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0508, F.S.

Signature of Registered Agent **Betty C. Fleming** REGISTERED AGENT MUST SIGN Date **2/6/98**

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)(l), 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: **Janet Gavarrete** *Janet Gavarrete* Date **2/16/98** Daytime Phone # **673-7010**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (1/98)