

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		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>6/3/86</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-2693206</b>	
City & State		City & State		Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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		9. Name and Address of New Registered Agent	
Betty C. Fleming Executive Director 25 SE 2nd Avenue, Suite 621 Miami, FL 33131		Name <b>REINSTATEMENT</b> Suite, Apt. #, Etc. City	
		Date <b>2/16/98</b>	

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 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**

CR2E040 (1/98)