

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

6/3/86

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

59-2693206

☒ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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

9. Name and Address of New Registered Agent

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

Name

Suite, Apt. #, Etc.

City

REINSTATEMENT

0000024493206-3

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of
Registered Agent

Betty C. Fleming

REGISTERED AGENT MUST SIGN

Date

02/25/98 01096-003

****481.25

****481.25

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)(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:

Janet Gavarrete

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/16/98 673-7010

CR2E040 (1/96)