

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 MAR 27 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N94000006070

1. Corporation Name

STRAIGHT UP PROGRAM, INC.

Principal Place of Business

P.O. BOX 8766  
WEST PALM BEACH FL 33407

Mailing Address

P.O. BOX 8766  
WEST PALM BEACH FL 33407

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

12/12/1994

5. FEI Number

65-0516636

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	4 City/State/Zip
ST	SPENCE, SARAH J.	611 20TH STREET	WEST PALM BEACH FL
V	BELL, TOMMY	570 W. 37TH STREET	RIVIERA BEACH FL 33404
D	REYNOLDS, CHARLES	703 SUNNYPINE WAY B-3	WEST PALM BEACH FL 33415
D	HAYES, FLORENCE	2648 W. 28th Street	Riviera Beach, FL 33404
D	HODGES, BETTYE A	817 AVENUE "S"	RIVIERA BEACH FL 33404
D	BATTLE, IONA	609 20TH STREET	WEST PALM BEACH FL 33407
P	MCKISSACK, THOMAS E	1045 35TH STREET	WEST PALM BEACH FL 33407

8. Name and Address of Current Registered Agent

SPENCE, WELCOME JR  
611-20TH STREET  
WEST PALM BEACH FL 33407

9. Name and Address of New Registered Agent

Name: 8000003202548--0  
Street Address (P.O. Box Number is Not Applicable): 04/11/00--01006--009  
Suite, Apt. #, Etc.: \*\*\*\*\*245.00 \*\*\*\*\*245.00  
State: FL Zip Code: \*\*\*\*\*52.50

REINSTATEMENT

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*W. Spence*  
REGISTERED AGENT MUST SIGN

Date

3-1-2000

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., 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.

KE

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Welcome Spence, Jr.

Date

Daytime Phone #