## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION **FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P	00000050488
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1. Corporation Name

DRY UP INC.

Principal Place of Business

568 IRONWOOD DRIVE

SIGNATURE:

Mailing Address

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

568 IRONWOOD DRIVE

01 OCT 19 AMII: 59

16-16-01-128-9845

MELBOURNE FL 32935 MELBOURNE FL 32935				
			istatement o	
If above addresses are incorrect in any way lin	e through incorrect information and enter	<b>I</b>	O O S S T SHEAR CHOOL OF	
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				
X49 Drange 13 1055 cm DR 849 Orange 13 to 50 m Navo Do Business in Florida 05/16/2000				
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number	Applied For	
Welbourne FL Welhourne FL 59-3648136 Not Applicable				
Zip Country Certificate of Status Desired 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)				
Title(s) Name of Officer and/or Directors		reet Address of Each fficer and/or Director	City / State / Zip	
D BUTTON, JOHN W	568 IRONS DRIV	/E	MELBOURNE FL 32935	
D FLAUGHER, CHAD	568:IRONWOOD	DEDRIVE——	MELBOURNE-FL-32935	
			00046618210 -11/01/0101008017 ****750.00 ****750.00	
		130/3	1)	
		Air		
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent		Address of New Registered Agent		
Name John Button		Jutton		
BUTTON, JOHN Street Address			(R.O. Box Number is Not Acceptable)	
568 IRONWOOD DRIVE MELBOURNE FL 32935 Suite, Apt. #, E		Suite, Apt. #, Etc.	nge Klossom De.	
city Me bow		City Melbourne	State Zip Code FL 32935	
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 Date 10-16-0    REGISTERED AGENT MUST SIGN				
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 filling 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				