

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR -4 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000000 464**

1. Corporation Name

UPSA CORPORATION

2. Principal Office Address

300 N.E. 191 STREET

Suite, Apt. #, etc.

SUITE 203

City & State

MIAMI FL.

Zip

33179

Country

USA

3. Mailing Office Address

300 N.E. 191 STREET

Suite, Apt. #, etc.

SUITE 203

City & State

MIAMI FL.

Zip

33179

Country

USA

REINSTATEMENT 03-05
TR

4. Date Incorporated or Qualified

To-Do Business in Florida **01-02-2002**

5. FEI Number

76-0723743

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

FABIAN CALIXTO

Street Address (P.O. Box Number is Not Acceptable)

300 N.E. 191 STREET APARTMENT 203

Suite, Apt. #, Etc.

APT. 203 PHONE: 305-300-8460

City

MIAMI

State

FL

Zip Code

33179

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Fabian Calixto
REGISTERED AGENT MUST SIGN

Date **02-03-05.**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	FABIAN CALIXTO	300 N.E. 191 STREET APT. 203	MIAMI FL. 33179
			300048438993 03/15/05--01060--007 **1000.00
			300048438993 03/15/05--01060--008 **50.00
			300048438993 03/15/05--01060--009 **8.75

10. 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:

FABIAN CALIXTO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fabian Calixto

03-02-05 305-300-8460

Date

Daytime Phone #