

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 AUG 25 PM 2:44

DOCUMENT # **P02000053670**

1. Corporation Name

UP HARM MANAGEMENT INC

2. Principal Office Address

500 SW 39 CT

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33134

Country

USU

Zip

Country

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

5/13/2002

5. FEI Number

38-3706671

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

CARLOS MANUEL VALIENTE

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

4000 SW 5 Terr

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33134

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

[Signature]

Date

7-23-04

REGISTERED AGENT MUST SIGN

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	CARLOS M VALIENTE	4000 SW 5 Terr	MIAMI FL 33134
		4000 SW 5 Terr	MIAMI FL 33134
		4000 SW 5 Terr	MIAMI FL 33134
		4000 SW 5 Terr	MIAMI FL 33134
		4000 SW 5 Terr	MIAMI FL 33134
		4000 SW 5 Terr	MIAMI FL 33134
		4000 SW 5 Terr	MIAMI FL 33134
		4000 SW 5 Terr	MIAMI FL 33134
		4000 SW 5 Terr	MIAMI FL 33134
		4000 SW 5 Terr	MIAMI FL 33134

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-23-04

Daytime Phone #