

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

03 SEP 26 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # po2000117099

1. Corporation Name

Fired Up Inc.

2. Principal Office Address

1611 7<sup>th</sup> Ave

3. Mailing Office Address

1810 E. Palm Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt # 5302

City & State

Tampa Florida

City & State

Tampa Florida

Zip

33605

Country

USA Hillsborough

Zip

33605

Country

USA Hillsborough

700023553977  
10/03/03--01081--016 \*\*150.00  
**REINSTATEMENT** 03

4. Date Incorporated or Qualified  
To Do Business in Florida

10/31/02

5. FEI Number

04-3718700

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

Wayne Rand

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

1810 E. Palm Ave

Suite, Apt. #, Etc.

Apt # 5302

City

Tampa

State

FL

Zip Code

33605

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]

REGISTERED AGENT MUST SIGN

Date 9/25/03

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/D/O	Edward S. Harmer	1810 E. Palm Ave Apt #5302	Tampa FL 33605
V/R/S/D	Wayne Rand	1810 E. Palm Ave Apt #5302	Tampa FL 33605

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:

Edward S. Harmer President Edward S. Harmer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/25/03

1-(813) 495-7005  
1-(813) 382-7561

Daytime Phone #

1-(813) 241-6711

To whom it may concern:

I am now sending you this reinstatement form because I never recieved a copy in the mail to reinstate my corporation. I was told to send this letter in plus a check for \$150.<sup>00</sup>/<sub>100</sub> to get my corporation active again.

Ed Harmer  
phone # 1-(813) 382-7561  
Fax # 1-(813) 241-6711

Thank you very much  
Ed ~~Harmer~~  
Ed Harmer