

H06000048929 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM PM 2:01

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONSSECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000065317

1. Corporation Name

UP SCAFFOLDING COMPANY

2. Principal Office Address

2009 DARBY DRIVE

3. Mailing Office Address

P.O. DRAWER B

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

FLORENCE, ALABAMA

City &amp; State

FLORENCE, ALABAMA

Zip

35630

Country

USA

Zip

35631

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

6-12-03

5. FEI Number

05-0574815

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$3.75 Additional Fee required  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE,

State  
FLZip Code  
32301

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 AgentJeanine Reynolds  
as its agent

Date 2-23-06

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Eugene R. Sak	118 KARLEY LANE	FLORENCE, AL 35633

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 contained in Chapter 119, 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: Eugene R. Sak

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-06

Date

256/764-9591

Daytime Phone #

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K. Eckel FEB 23 2006

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UP SCAFFOLDING COMPANY

P.O. DRAWER B  
FLORENCE, AL 36631

256/764-9591

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February 21, 2006

Secretary of State  
Florida Department of State  
R.A. Gray Building  
500 So. Bronough  
Tallahassee, FL 32399-0250

Re: Up Scaffolding Company  
Document No. P03000065317

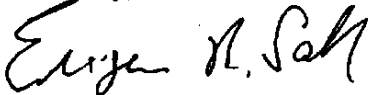
Dear Madam or Sir:

We are writing to request abatement of the filing penalties regarding our request for reinstatement. This corporation was administratively dissolved on October 1, 2004 for annual report. We have no record or knowledge of receiving any notices from your office.

We respectfully request your consideration in this matter and are remitting reinstatement fee in the amount of \$450.00.

Thank you for your help in this matter.

Sincerely,



Eugene R. Sak, President

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Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)205-0384

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-1000  
Fax Number : (850)558-1575

**CORPORATION REINSTATEMENT**

**UP SCAFFOLDING COMPANY**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	<del>\$1,058.75</del>

458.75

Electronic Filing Menu

Corporate Filing Menu

Help

Please see the attached letter from the client and advise on how much will be taken from our account.

Thx.