

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

06 MAY 25 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000117941

1. Corporation Name

UP MOVE, CORP.

2. Principal Office Address

7780 SW 71 AVENUE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip

33143

Country

MIAMI-DADE

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

October 22, 2003

5. FEI Number

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

ILIANA HUSSAINI

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

7780 SW 71 AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33143

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 ☒

Date

5/19/06

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRESIDENT	ILIANA HUSSAINI	7780 SW 71 AVENUE	MIAMI, FL 33143

600076428246

06/21/06 01016 001 **450.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/06

Date

305-667-4108

Daytime Phone #

5/31/06

2/2

UP MOVE, CORP
7780 SW 71ST AVENUE
MIAMI, FLORIDA 33143
305-667-4108

May 19, 2006

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: CORPORATION REINSTATEMENT
UP MOVE, CORP #P03000117941

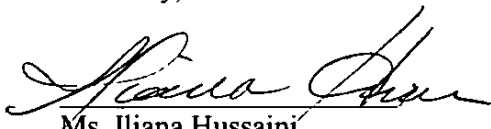
Dear Sir or Madam:

Enclosed please find application for corporation reinstatement along with money order in the amount of \$450.00 to reinstate above mentioned corporation, which was automatically cancel since the correspondent annual reports were not filed in a timely matter.

Mentioned annual reports were never filed since no receipt was received from your department. Therefore, I am hereby respectfully requesting the reinstatement fee to be waived. Additionally as a mistake, the correspondent EIN number was never requested from the IRS office, which will be requested as soon as the corporation is reinstated.

Should you have additional questions, feel free to contact me at above-mentioned phone number

Sincerely,


Ms. Iliana Hussaini,
President

Encls.