

PLEASE READ ALL INSTRUCTIONS BEFORE C

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 SEP 22 PM 4:01

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000004164

1. Corporation Name

WISE UP INTERNATIONAL, INC.

2. Principal Office Address - No P.O. Box #  
1100 S Federal Hwy 2nd Floor

3. Mailing Office Address  
1100 S Federal Hwy 2nd Floor

Suite, Apt. #, etc.  
SUITE 1208

Suite, Apt. #, etc.  
SUITE 1208

City & State  
DEERFIELD BEACH

City & State  
DEERFIELD BEACH

Zip Country  
33441 USA

Zip Country  
33441 USA

CR2E081 (12/08)

4. Date Incorporated or Qualified  
To Do Business in Florida 01/05/2004

5. FEI Number 20-1032345  
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  
TAX HOUSE CORPORATION

Street Address (P.O. Box Number is Not Acceptable)  
1100 S Federal HWY 2nd Floor

Suite, Apt. #, Etc.  
DEERFIELD BEACH

City  
FLORIDA

State Zip Code  
FL 33441

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

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
PD	FLAVIO AUGUSTO DA SILVA	1100 S Federal Hwy 2nd Floor #1208	Deerfield Beach, FL 33441
VPD	LUCIANA DINIZ DA SILVA	1100 S Federal Hwy 2nd Floor #1208	Deerfield Beach, FL 33441

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:

*Flavio Augusto da Silva*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/10/2009 (954) 782-4000  
Date Daytime Phone #

*Luciana Diniz da Silva*