

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JAN 14 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000064481**

1. Corporation Name  
**UP 2 SPEX, INC.**

Principal Place of Business <b>8303 SOUTH DIXIE HIGHWAY MIAMI FL 33143 US</b>	Mailing Address <b>8303 SOUTH DIXIE HIGHWAY MIAMI FL 33143 US</b>
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <b>8231 S. DIXIE HWY.</b>	3. New Mailing Office Address, If Applicable <b>8231 S. DIXIE HWY.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida **09/09/1993**

City & State <b>Miami FL</b>	City & State <b>Miami FL</b>
Zip <b>33143</b>	Country <b>USA</b>

5. FEI Number **65-0436534**

Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  **\$8.75 Additional Fee required for a Certificate of Status**

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	WEISS, LORI S	11750 NORTH KENDALL DRIVE	MIAMI FL 33186
D	WEISS, LORI S	11750 NORTH KENDALL DRIVE	MIAMI FL 33186

600010076106  
01/14/03 01048 006 \*\*300.00

8. Name and Address of Current Registered Agent

**DUNLAP, LORI R  
CORPORATION INFORMATION SERVICES, INC.  
1201 HAYS STREET  
TALLHASSEE FL 32301**

9. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
Suite, Apt. #, Etc. \_\_\_\_\_  
City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

**SIGNATURE REQUIRED**

Date \_\_\_\_\_

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/8/03 3056658660**

CR2ED40 (8/02)

January 7, 2003

Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

To Whom It May Concern:

The original Annual Report for 2002 was never deliverable by the mail carrier due to the fact the address was non-existent. As you can see from the report the correct address is 8321 S Dixie Highway, Miami, FL 33143. Enclosed is a check for \$300.00 to cover the 2002 & 2003 fees.

Sincerely,

  
Lori Weiss