

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP -3 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9400000459

1. Corporation Name

Building Up, Inc.

2. Principal Office Address

6770 Indian Creek Drive
Suite, Apt. #, etc.
#9D

City & State

Miami Beach, FL

Zip

33141

Country

USA

3. Mailing Office Address

6770 Indian Creek Drive
Suite, Apt. #, etc.
#9D

City & State

Miami Beach, FL

Zip

33141

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1-19-94

5. FEI Number

656460740

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

Alan Tompkins, Esq.

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

420 Lincoln Road

Suite, Apt. #, Etc.

244

City

Miami Beach

State

FL

Zip Code

33139

600040808386

09/03/04--01039--015 **1350.00

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 9/1/04

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
DP	Eduardo Rasuk	6770 Indian Creek Drive, #9D	Miami Beach, FL 33141
VP	Aurelio Urbina	4810 SW 11th Street	Plantation, FL 33317

REINSTATEMENT 00-04

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AA.

9/1/04

Date

305-534-8301

Daytime Phone #

CR2E081 (01/04)