

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 15 PM 4:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000064215

1. Corporation Name

HIRE UP, INC.

Principal Place of Business

1612 BRIDGEWATER DR.  
HEATHROW FL 32746

Mailing Address

1612 BRIDGEWATER DR.  
HEATHROW FL 32746

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/24/1997

5. FEI Number

59-3459348

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	RHATTIGAN, MICHAEL	1612 BRIDGEWATER DR.	HEATHROW FL 32746
D	RHATTIGAN, JEROME L.	1612 BRIDGEWATER DRIVE	HEATHROW FL 32746

600009023736  
11/15/02--01060--013 \*\*150.00

8. Name and Address of Current Registered Agent

RHATTIGAN, JEROME L  
1612 BRIDGEWATER DR.  
HEATHROW FL 32746

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

REGISTERED AGENT MUST SIGN

Date

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 #

11/11/2002 407-333-0323

CR2E040 (8/02)

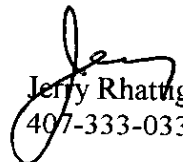
Division of Corporations  
Annual Report/Reinstatement  
PO Box 6327  
Tallahassee, Florida 32314-6327

To whom it may concern,

I want to apologize for being late with my payment. As you are aware, our small company has been in existence for over 5 years and never been late. This year with some medical problems with my daughter we found ourselves traveling back and forth to New York City several times. I can honestly say I don't remember ever receiving a notice. I try to take care of any payments due at the end of each month.

I am forwarding a check for \$150.00 and would really appreciate if you could waive the reinstatement fee. I certainly don't remember seeing or receiving notice of the report. I will be very cognizant of the fact that the payment is due between next January and May of next year and will make sure I send the payment whether I receive a notice or not.

Sincerely yours,

  
Jeff Rhatigan  
407-333-0333