

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JAN -7 PM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000089886**

1. Corporation Name

UP FRONT ENTERTAINMENT, INC.

Principal Place of Business

4567 ATLANTIC BLVD
1
JACKSONVILLE FL 32207
US

Mailing Address

4567 ATLANTIC BLVD
1
JACKSONVILLE FL 32207
US

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

2. New Principal Office Address, If Applicable

1014-7 Margaret St
Suite, Apt. #, etc.
195

City & State
Jacksonville FL

Zip Country
32204

3. New Mailing Office Address, If Applicable

1014-7 Margaret St
Suite, Apt. #, etc.
195

City & State
Jacksonville FL

Zip Country
32204

REINSTATEMENT 2001

4. Date Incorporated or Qualified
To Do Business in Florida

10/20/1997

5. FEI Number

59-3516038

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	HALL, TIMOTHY J	4567 ATLANTIC BLVD #1 1014-7 Margaret St, #195	JACKSONVILLE FL 32207 32204
DST	HALL, ANNE W. Hall, Anne W.	4567 ATLANTIC BLVD #1 1014-7 Margaret St, #195	JACKSONVILLE FL 32207 32204
DVP	WHITMIRE, G.W. JR. - Resigned	4567 ATLANTIC BLVD #1	JACKSONVILLE FL 32207
			400004880334--6 -02/05/02--01047--016 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

~~HALL, TIMOTHY J~~ Hall, Anne W.
~~4567 ATLANTIC BLVD~~ 1014-7 Margaret St
195
~~JACKSONVILLE FL 32207~~ 32204

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.

Signature of
Registered Agent

Anne W. Hall

REGISTERED AGENT, MUST SIGN

Date 10/15/01

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:

Anne W. Hall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/01

Date

Daytime Phone #

CR2040 (8/01)