

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 DEC 20 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000007701

1. Corporation Name

Upshaw & Upshaw, Inc.

2. Principal Office Address

11918 Centre Rose Blvd.

3. Mailing Office Address

c/o Glen Alpert

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lutz, FL

City & State

Los Angeles, CA

Zip

33549

Country

USA

Zip

90048

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/20/98

5. FEI Number

59-3548626

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

Michael K. Green, Esq.

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

101 E. Kennedy Blvd.

Suite, Apt. #, Etc.

Ste. 2700

City

Tampa

State

FL

Zip Code

33602

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

12/12/01

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
D/P	Regan Upshaw	c/o 8899 Beverly Blvd. Ste. 918	Los Angeles, CA 90048
D/VP/ S/T	Ayesha Upshaw	c/o 8899 Beverly Blvd. Ste. 918	Los Angeles, CA 90048
AVP/ AS	Glen Alpert	8899 Beverly Blvd., Ste 918	Los Angeles, CA 90048

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

Glen Alpert, Asst. V. Pres.

Date

(310)788-8699

Daytime Phone #

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**UPSHAW & UPSHAW, INC.
11918 CENTRE ROSE BLVD.
LUTZ, FL 33549**

November 28, 2001

Florida Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RE: Reinstatement of Upshaw & Upshaw, Inc.
Document Number P98000007701

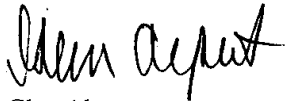
Dear Madam or Sir:

We have enclosed our reinstatement application along with this letter of explanation regarding the administrative dissolution.

Please be advised that we did not receive annual report forms for 2000 or 2001. We are therefore requesting a waiver of the reinstatement fees.

We have also enclosed our check in the amount of \$300 to cover the annual report fees and to place our corporation in good standing with the State of Florida.

Sincerely,



Glen Alpert
Asst. Vice President