

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

DOCUMENT # P98000009169

1. Corporation Name

SPIRAL-UP INTERACTIVE, INC.

Principal Place of Business

Mailing Address

~~1000 S. DELANEY AVE~~
~~ORLANDO FL 32806~~

~~1000 S. DELANEY AVE~~
~~ORLANDO FL 32806~~

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

~~1627 Mizell Ave~~
~~Winter Park, FL~~

~~same~~
~~same~~

~~Suite: Apt. #, etc.~~
~~Winter Park, FL~~

~~Suite: Apt. #, etc.~~

City & State

City & State

Zip ~~32789~~

Country ~~US~~

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/23/1998

5. FEI Number

59-3493096

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
1	2	3	4
VS	ROBINET-PISELLO, JUDY	202 PHILLIPS PLACE 1627 MIZELL AVE, WINTER PARK, FL 32789	ORLANDO FL 32808 WINTER PARK, FL 32789
PT	PISELLO, THOMAS	202 PHILLIPS PLACE (same as above)	ORLANDO FL 32808
			200004706212--8 12/05/01 01058 017 ***300.00 ***300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WEATHERFORD, BILL
1031 W. MORSE BLVD
STE 105
WINTER PARK FL 32789

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

Bill Weatherford
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:

Bill Weatherford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/01/01

Date

407 622 1792

Daytime Phone #