

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 DEC -7 PM 4:00

DOCUMENT # P98000027549

1. Corporation Name

Now Plus Ultra, Inc.

2. Principal Office Address

1436 Washington Ave

Suite, Apt. #, etc.

City & State

Mia Bch FLA

Zip

33139

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

same

Zip

"

Country

"

4. Date Incorporated or Qualified  
To Do Business in Florida

3/23/98

5. FEI Number

65-0823878

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

Maria Serpa

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

1436 Washington Ave

Suite, Apt. #, Etc.

City

Mia Bch

000004741590--6

12/27/01 01057 002

\*\*\*150.00 \*\*\*150.00

State

FL

Zip Code

33139

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. 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

PS Maria Serpa 1436 Washington Ave Mia Bch FL 33139

AD

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:

Maria Serpa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-03-01

Date

305-534-3001

Daytime Phone #

CR2E081 (9/00)



1436 Washington Avenue  
Miami Beach, FL 33139  
Tel./Fax (305) 534-3001

Toll Free 1-888-845-8533

11/29/01

To whom it may concern:

We did not receive the renewal application (or application for reinstatement). We were closed for an entire month and the store on Tues is normally closed. Our mailman was leaving our mail next door at the ice cream store. Since we could not be here due to the fact that I was pregnant. The Ice cream store closed because new owners have purchased it. The old owners left without giving us ~~their~~ our mail.

Please contact me at  
305 534 3001  
if you have any questions  
Thank you  
Yana Sefo