

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

17 MAR 23 PM 4:11

DOCUMENT # P98000042003

1. Corporation Name

**Going Up, Inc.**

2. Principal Office Address - No P.O. Box #

**513 45th Street East**

Suite, Apt. #, etc.

3. Mailing Office Address

**513 45th Street East**

Suite, Apt. #, etc.

City & State

**Palmetto, Florida**

Zip

**34221**

Country

**USA**

City & State

**Palmetto, Florida**

Zip

**34221**

Country

**USA**

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

05/07/1998

5. FEI Number

**59-3511659**

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

**Robert Bolt**

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

**513 45th Street East**

Suite, Apt. #, Etc.

City

**Palmetto**

State

**FL**

Zip Code

**34221**

900297100449  
03/23/17--01019--014 \*\*1800.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of  
Registered Agent

*Robert Bolt*

Date 03/19/2017

REGISTERED AGENT MUST SIGN

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
P	Robert Bolt	513 45th Street East	Palmetto, FL 34221
S	Cherelyn Bolt	513 45th Street East	Palmetto, FL 34221

MAR 24 2017

10. E-mail Address: rcnbbolt@verizon.net

(To be used for future annual report notification)

**D CUSHING**

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 807 or 817, 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 807.0401 or 817.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*Robert E. Bolt*

**Robert E. Bolt**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/19/2017

941-737-4723

Date

Daytime Phone #

3/19/2017

Reinstatement Application Rejected - Document No: P98000042003 Tracking No: CR8842848313

**From:** donotreply <donotreply@sunbiz.org>

**To:** rcnbolt <rcnbolt@verizon.net>

**Subject:** Reinstatement Application Rejected - Document No: P98000042003 Tracking No: CR8842848313

**Date:** Mon, Mar 13, 2017 8:09 am

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Document Number: P98000042003

Reinstatement Tracking Number: CR8842848313

Your reinstatement could not be processed online, the business entity name listed above is no longer available. You must submit an amendment changing the name of your business entity with a completed reinstatement application, as well as the appropriate filing fees for each. Links to the amendment and reinstatement forms are indicated below.

When you have completed the reinstatement and amendment forms, attach a check and mail both forms together to: Florida Department of State, Division of Corporations, PO Box 6327, Tallahassee, FL 32314. Make the check payable to the Florida Department of State.

If you have questions, please call the appropriate filing section. For Corporations, call 850-245-6059.

For Limited Liability Companies, Limited Partnerships, and Limited Liability Limited Partnerships, call 850-245-6051.

<http://form.sunbiz.org/pdf/cr2e011.pdf> Amendment Form

<http://form.sunbiz.org/pdf/cr2e081.pdf> Reinstatement Form