

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000101621

1. Corporation Name

TRADE UP, INC.

Principal Place of Business

Mailing Address

800 E CYPRESS CREEK ROAD
SUITE 302
FORT LAUDERDALE FL 33334

800 E CYPRESS CREEK ROAD
SUITE 302
FORT LAUDERDALE FL 33334

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

2101 W. Commercial Blvd
Suite, Apt. #, etc.
SUITE 3500

2101 W. Commercial Blvd
Suite, Apt. #, etc.
SUITE 3500

City & State
FT Land, FL

City & State
FT Land, FL

Zip 33309 Country USA

Zip 33309 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/02/1998

5. FEI Number

65-0884153

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
D	KONIG, HARRY	800 E CYPRESS CREEK ROAD STE 302 2101 W. Commercial Blvd SK 3500 FT Land, FL 33309	FORT LAUDERDALE FL 33304 33309

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KONIG, HARRY

800 E CYPRESS CREEK ROAD
SUITE 302
FORT LAUDERDALE FL 33334

2101 W. Commercial Blvd
SUITE 3500
FT Land, FL 33309

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/17/2000

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

00 OCT 19 AM 11: 28

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

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CR2E040 (8/00)