

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 NOV -5 PM 3: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S05962

1. Corporation Name
UPS N DOWNS MARKETING, INC.

Principal Place of Business Mailing Address
1062 SHAWNDA LANE 1062 SHAWNDA LN
KISSIMMEE FL 34744 KISSIMMEE FL 34744
US



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

2. New Principal Office Address, If Applicable Caryol Downes Suite, Apt. #, etc. 2651 Shingle Creek Ct City & State Kissimmee FL	3. New Mailing Office Address, If Applicable 2651 Shingle Creek Ct Suite, Apt. #, etc. Kissimmee FL	4. Date Incorporated or Qualified To Do Business in Florida 09/24/1990
5. FEI Number 59-3037323	Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$6.75 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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	DOWNS, CARYOL	1062 SHAWNDA LN	KISSIMMEE FL
V	DOWNS, TROY	1970 LAKE GEORGE DR 701 Harland Ct	KISSIMMEE FL 34758
V	PRATER, JUDY	1320 NIGHTINGALE DR	KISSIMMEE FL
		3100002345.133--6 -11/12/97--01091--031 ****165.00 ****165.00	

8. Name and Address of Current Registered Agent DOWNS, CARYOL 1062 SHAWNDA LN KISSIMMEE FL 34744	9. Name and Address of New Registered Agent Name Caryol Downes Street Address (P.O. Box Number is Not Acceptable) 2651 Shingle Creek Ct Suite, Apt. #, Etc. Kissimmee FL City State FL Zip Code 34744
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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: Caryol Downes Date: 10-30-97
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on Intangible tax.)

12. 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: Caryol Downes Date: 10-30-97 Daytime Phone #: 4107 933 0401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/97)

(2)

Dept of State

I have called
+ also my accountant
has called to give you
a change of address, I
only received this from
my renters, please change
my address

Kayal Davis