

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

DOCUMENT # S05962

1. Corporation Name

UPS N DOWNS MARKETING, INC.

Principal Place of Business

1062 SHAWNDA LANE
KISSIMMEE FL 34744
US

Mailing Address

1062 SHAWNDA LN
KISSIMMEE FL 34744

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

2. New Principal Office Address, If Applicable

Caryol Downs
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
City & State

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 ☐

\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	DOWNS, CARYOL	1062 SHAWNDA LN	KISSIMMEE FL
V	DOWNS, TROY	7970 LAKE DEWILE DR 701 Harland Ct	KISSIMMEE FL 34758
V	PRATER, JUDY	1320 NIGHTINGALE DR	KISSIMMEE FL
		3100002345.133--E -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 Downs
Street Address (P.O. Box Number is Not Acceptable)
2651 Shingle Creek Ct
Suite, Apt. #, Etc.
Kissimmee FL
City

State
FL

Zip Code
34744

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 Downs*
REGISTERED AGENT MUST SIGN

Date 10-30-97

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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