

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 OCT 26 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S38371

1. Corporation Name
ABC-UP, INC.

Principal Place of Business

C/O 701 BRICKELL AVE.
SUITE 2000
MIAMI FL 33131
US

Mailing Address

C/O 701 BRICKELL AVE.
SUITE 2000
MIAMI FL 33131
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country



4. Date Incorporated or Qualified
To Do Business in Florida

03/13/1991

5. FEI Number

65-0430802

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)

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
DPT	BARROSO, JOHN A	FUCUMAN 1621, 2 PISO OF C	1050 BUENOS AIRES AR.
DPT	BARROSO, JOHN A.	TRES ARROLLO 1455	1416 BUENOS AIRES, ARG.
DV	POLICE DONALD	12000 NORTH BAY SHORE DR.	#203 MIAMI, FL. 33181
			600002676826--1
			-10/30/98-01057-022
			****908.75 ****908.75

8. Name and Address of Current Registered Agent

WLMC REGISTERED AGENTS INC
701 BRICKELL AVE
SUITE 2000
MIAMI FL 33131

9. Name and Address of New Registered Agent

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

WLMC Registered Agents by Secretary of State

REGISTERED AGENT MUST SIGN

Date

10/20/98

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)(f), 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 #

10/20/98 305.892-0024

CR2E040 (8/97)