


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p><b>APPLICATION FOR REINSTATEMENT</b></p>		 <p><b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p><b>FILED</b>  96 NOV -1 AM 10: 12  SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>																													
<p><b>DOCUMENT #</b> <u>N94000001986</u></p>																																	
<p>1. Corporation Name <u>URGENT, INC</u></p>																																	
<p>Principal Place of Business <u>P.O. Box 972313</u> <u>MIAMI, FL 33197</u></p>			<p>Mailing Address <u>P.O. Box 972313</u> <u>MIAMI, FL 33197</u></p>																														
<p>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</p>																																	
<p>2. New Principal Office Address, If Applicable <u>1110 S.W. 196th St</u> Suite, Apt. #, etc. <u>A 103</u> City &amp; State <u>MIAMI, FL</u> Zip <u>33197</u> Country <u>USA</u></p>		<p>3. New Mailing Address, If Applicable <u>P.O. Box 972313</u> Suite, Apt. #, etc. <u>MIAMI, FL</u> City &amp; State <u>MIAMI, FL</u> Zip <u>33197</u> Country <u>USA</u></p>		<p>4. Date Incorporated or Qualified To Do Business in Florida <u>4/18/94</u></p>																													
<p>5. FEI Number <u>65-0516506</u></p>				<p>Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/></p>																													
<p>6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> SE 11. Additions, Etc. (See instructions on back of form.)</p>																																	
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">1. Title(s)</th> <th style="width: 30%;">2. Name of Officers and/or Directors</th> <th style="width: 30%;">3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width: 30%;">4. City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>PD</td> <td>CRESPO, HENRY</td> <td>219 NW 14th TERR</td> <td>MIAMI, FL 33135</td> </tr> <tr> <td>TD</td> <td>HORTON, DENNIS</td> <td>12225 S.W. 217th</td> <td>MIAMI, FL 33170</td> </tr> <tr> <td>S</td> <td>MONTeiro, RUTH</td> <td>1110 S.W. 196th St #A103</td> <td>MIAMI, FL 33157</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>						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	PD	CRESPO, HENRY	219 NW 14th TERR	MIAMI, FL 33135	TD	HORTON, DENNIS	12225 S.W. 217th	MIAMI, FL 33170	S	MONTeiro, RUTH	1110 S.W. 196th St #A103	MIAMI, FL 33157												
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																														
PD	CRESPO, HENRY	219 NW 14th TERR	MIAMI, FL 33135																														
TD	HORTON, DENNIS	12225 S.W. 217th	MIAMI, FL 33170																														
S	MONTeiro, RUTH	1110 S.W. 196th St #A103	MIAMI, FL 33157																														
<p>8. Name and Address of Current Registered Agent  <u>Ruth Monteiro</u> <u>1110 S.W. 196th St A103</u> <u>MIAMI, FL 33157</u></p>			<p>9. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, Etc. _____ City _____ State <u>FL</u> Zip Code _____</p>																														
<p>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 <u>Ruth Monteiro</u> Date <u>10/15/96</u> REGISTERED AGENT MUST SIGN</p>																																	
<p>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)</p>																																	
<p>12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p>																																	
<p>SIGNATURE: <u>Henry Crespo Sr.</u> <u>Henry Crespo Sr.</u> 116-96 (305) 953-2926 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</p>																																	

CDE040 (12/95)