

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 NOV -5 AM 11:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06000089584

1. Corporation Name

Urban Investment Partners, Inc.

**REINSTATEMENT** 08-09

800162543048  
11/05/09--01039--012 \*\*300.00  
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box # 235 SW 40th St		3. Mailing Office Address 235 SW 40th St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Cape Coral, FL.		City & State Cape Coral, FL.	
Zip 33914	Country USA	Zip 33914	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 7/5/2006	
5. FEI Number 20-5265294	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name  
Eric A. Urban

Street Address (P.O. Box Number Is Not Acceptable)  
235 SW 40th St

Suite, Apt. #, Etc.

City  
Cape Coral

State  
FL

Zip Code  
33914

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Date 11-2-09

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Eric A. Urban	235 SW 40th St	Cape Coral, FL. 33914
VP	Raquel N. Urban	235 SW 40th St	Cape Coral, FL. 33914

10. 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 contained in Chapter 119, 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 11-2-09  
Daytime Phone # 239-560-1099