

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT 19 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000015336

1. Corporation Name
URBAN INNOVATIONS, INC.

Principal Place of Business: 3501 DREXEL AVENUE TAMPA FL 33629
Mailing Address: 3501 DREXEL AVENUE TAMPA FL 33629



REINSTATEMENT 1999

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

2. New Principal Office Address, If Applicable 3501 S. DREXEL AVE Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable 3501 S. DREXEL AVE Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 02/16/1998
City & State TAMPA FL	City & State	5. FEI Number 59-3495489
Zip 33629	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	4 City / State / Zip
D/P	LAUGHRIDGE, BRUCE A	3501 DREXEL AVENUE	TAMPA FL 33629 - 8915
V.P.	HAYNES, RONALD	3501 S. DREXEL AVE	TAMPA FL 33629-8915

8. Name and Address of Current Registered Agent LAUGHRIDGE, BRUCE A 3501 DREXEL AVENUE TAMPA FL 33629	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL
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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: Bruce A. Laughridge REGISTERED AGENT MUST SIGN Date: Oct 14, 1999

11. 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: Bruce A. Laughridge Oct 14, 1999 813-831-4618
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Bruce A. Laughridge

CR22540 (8/99)