

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 DEC 18 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 463500

1. Corporation Name

URBAN ARCHITECTS, INC.

2. Principal Office Address

6377 CORAL WAY

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLA.

City & State

Zip

33155-1928

Country

MIAMI-DADE

Zip

Country

REINSTATEMENT

CR2E081 (12/05)

04-06

4. Date Incorporated or Qualified
To Do Business in Florida

1974

5. FEI Number

59-1585289

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JORGE L. ESTEVANEZ

Street Address (P.O. Box Number is Not Acceptable)

6377 CORAL WAY

Suite, Apt. #, Etc.

500082585065

12/18/06--01005--022 **1058.75

City

MIAMI

State

FL

Zip Code

33155-1928

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

REGISTERED AGENT MUST SIGN

Date DEC. 12, 2006

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.	JORGE L. ESTEVANEZ	6417 SW 15TH STREET	WEST MIAMI, FL 33144

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

PRESIDENT

DEC. 12, 2006

Date

Daytime Phone #

259 8339

12/18/06