

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 OCT 23 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000004026**

1. Corporation Name

URBITRAN ASSOCIATES, INC.

W00000022872

2. Principal Office Address

71 W. 23 ST.

Suite, Apt. #, etc.

City & State

NEW YORK, N.Y.

Zip

10010

Country

3. Mailing Office Address

1750 S. YOUNG CIRCLE

Suite, Apt. #, etc.

202

City & State

HOLLYWOOD, FL.

Zip

33020

Country

REINSTATEMENT

98-00

4. Date Incorporated or Qualified
To Do Business in Florida

9-3-93

5. FEI Number

13-5429150

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

DANIEL A. ROSEMOND

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

1750 S. YOUNG CIRCLE

Suite, Apt. #, Etc.

202

City

HOLLYWOOD

State

FL

Zip Code

33020

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

Daniel Rosemond

REGISTERED AGENT MUST SIGN

Date **9-12-00**

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.	MICHAEL HORODNICEANU	71 W. 23 ST	NEW YORK, N.Y. 10010
TREAS.	RICHARD MALCHOW	71 W. 23 ST.	NEW YORK, N.Y. 10010
SEC.	FRUMA NAROV	71 W. 23 ST.	NEW YORK, N.Y. 10010
CHAIR.	JOHN FALCOCCHIO	71 W. 23 ST.	NEW YORK, N.Y. 10010

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 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:

Richard A. Malchow

Richard A. MALCHOW

9/12/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #