

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F94000006579

FILED
Sep 28, 2009
Secretary of State

Entity Name: URBAN ASSISTANCE CORPORATION

Current Principal Place of Business:

8901 NW 79TH CT
TAMARAC, FL 33321 US

New Principal Place of Business:

Current Mailing Address:

8901 NW 79TH CT
TAMARAC, FL 33321 US

New Mailing Address:

FEI Number: 59-3259774 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HAYNES, MICHAEL
2602 EAST 21ST AVE
TAMPA, FL 33605 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: /S/MICHAEL A.HAYNES

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HAYNES, CHRISTOPHER
Address: 1003 EAST ELLICOTT STREET
City-St-Zip: TAMPA, FL 33603 US

Title: D () Delete
Name: JOHNSON, JENNIFER
Address: 33 ANTHONY CIRCLE
City-St-Zip: ENTERPRISE, AL 36330 US

Title: C () Delete
Name: SNELL, WILLIE A
Address: 1401 WEST SPENCER ST
City-St-Zip: PLANT CITY, FL 33563 US

Title: P () Delete
Name: HAYNES, MICHAEL
Address: 2602 EAST 21ST AVENUE
City-St-Zip: TAMPA, FL 33605 US

Title: VP () Delete
Name: BELL, BRYANT SR
Address: PO BOX 4066
City-St-Zip: WINTER PARK, FL 32793 US

Title: S () Delete
Name: HORNE, ANNIE
Address: 7704 RIVERINE RD
City-St-Zip: TAMPA, FL 33637 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: /S/MICHAEL A. HAYNES

Electronic Signature of Signing Officer or Director

PRES

09/28/2009

Date