


2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

13 DEC -6 PM 12: 34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F94000006579					
1. Entity Name URBAN ASSISTANCE CORPORATION					
Principal Place of Business 25 GREYSTONE MANOR LEWES, DE 19958 US			Mailing Address 25 GREYSTONE MANOR LEWES, DE 19958 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3259774	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HAYNES, MICHAEL 2602 EAST 21ST AVE TAMPA, FL 33605			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Michael Haynes</i>		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$236.25			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYNES, MICHAEL PO BOX 450131 FT LAUDERDALE, FL 33345	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO HAYNES, MICHAEL PO BOX 450131 FT LAUDERDALE, FL 33345	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700254493837 12/06/13--01004--013 **271.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPA SMALL, BERT 7481 WEST OAKLAND PARK BLVD, STE 301 LAUDERHILL, FL 33319	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES HAYNES, MICHAEL A PO BOX 450131 FT LAUDERDALE, FL 33345	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC HAYNES, MICHAEL PO BOX 450131 FT LAUDERDALE, FL 33345	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	13 RLK <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Michael Haynes</i>		Date: <i>12/6/2013</i>		E-MAIL ADDRESS	