

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JUL 26 PM 12:21

DOCUMENT # **H15031**

1. Corporation Name

U.S. URBAN ENTERPRISES INC

Principal Place of Business

Mailing Address

**171 Slater Street
Suite 100
Ottawa, Ontario K1P 5H7
CANADA**

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

REINSTATEMENT 98-442

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

6-27-85

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2552441

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
V.P.T.	OSMAN EDIN	43 Front St. East, 2nd Floor	M5E 1B3 Toronto, Canada
D	EDWARD J. COHACI	171 Slater Street, Suite 100	Ottawa, Ontario K1P 5H7 Canada
			100002948861--5 -08/03/99--01043--013 ****300.00 ****300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**LINDA C.T. PARKS
PARKS, TSCHOPP, WHITCOMB & ORR PA
2600 MAITLAND CENTER PARKWAY
Suite 330
MAITLAND, FL 32751**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **July 23, 1999**

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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.

EDWARD J COHACI

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date **July 15 / 99**

Daytime Phone # **613-2367135**

CR2081 (12/98)