APPLICATION FOR Sandra B. Mortham Sacretary of State DUVISION OF CORPORATIONS DOCUMENT # K43604 1 Corporation Planning URBAN DESIGN SERVICES, INC. Mailing Address 108 MSRLTIGE Brite Holly Hill R. 22117 Habore addresses are incorrect in any way, line through incorect information and enter connection below. 1 Names and desease are incorrect in any way, line through incorect information and enter connection below. 2 Now Principal Clice Address, If Applicable 3 Now Mailing Office Address, If Applicable 4 Due to Except of the Brite State St		ETING THIS FORM:	COMPLET	BEFORE (RUCTIONS	ALL INS	SE READ	PLEAS	
DOCUMENT # K43604 1. Corporation Name URBAN DESIGN SERVICES, INC. **SECRETARY OF STATE TALLAHASSEE FLORIDA** **TALLAHASSEE FLORIDA** **TALLAH			E	NT OF STATE	A DEPARTME Sandra B. Mo	FLORID		PLICATION FOR	
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Principal Place of Business 1108 MISTLETOE DRIVE 1						1C.	RVICES, IN	N DESIGN SEF	URBAI
### HOLLY HILL FL 22117 If above addresses are incorrect in any way, line through incorrect information and entire correction below. ### REINSTATEMENT A. Date Incorporated or Qualified To Do Business in Floridas 11/03/1986 11/03/1		TALLAHASSEE FLORIDA	TAI						
REINSTATEMENT RESINGE Registered agent of the above named corporation, am familiar with and accept the obligations of Section 607,0505, F.S. Signature of Agent X Zelan it J Drug. Registered Agent X Zelan it J Dru			-		oss	Mailing Addr		ace of Business	Principal Pl
2. Now Mailing Office Address, if Applicable 3. Now Mailing Office Address, if Applicable 4. To De Suchers in Floridate 11/03/1986 Suite, Apt. #, etc. Suit									
2. Now Malling Office Address, if Applicable 3. Now Malling Office Address, if Applicable 4. To be Incorporated or Qualified 5. FEI Number 59-2920208 A. Now Malling Office Address, if Applicable 5. FEI Number 59-2920208 A. Now Malling Office Address, if Applicable 5. FEI Number 6. CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nomprofit corporations must list at least 3 directors) 7. Names and Street Addresses of Each Officer and/or Directors 7. Names and Street Addresses of Each Officer and/or Directors 8. Street Address of Each Officer and/or Directors 9. ONG, JOSEPH 1108 MISTLETOE DR. HOLLY HILL FL 9. ODOO 20 4 22 7 9 12/31/95 01051 1 100 Name and Address of New Registered Agent WILLIAMS, S. LARUE 150 SOUTH PALMETTO DAYTONA BEACH FL 32014 Street Address (P.O. Sex Numbers) Name 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 X. Lanue J. Lanue Registered Agent Must Stron Registered Agent X. Lanue J. Lanue Registered Agent Must Stron Registered Agent Must Stron Date Date Market Stron 11/03/1986 5. FEI Number 59-2920208 A. Date Incorporated or Desiration Stron CERTIFICATE OF STATUS DESIRED Name and Address of New Registered Agent Name and Address of New Registered Age	James	INSTATEMENT	REIN				_		14 - 1
Sulfo, Apt. #, etc. Sulfo, Ap	www	incomprated or Qualified		correction below. Applicable	nformation and enter ing Office Address, If	3. New Mail	any way, line thro pplicable	odresses are incorrect in ncipal Office Address, If A	2. New Pri
City & State City & State Country Co	88	5. FEI Number 59-2920208 Applied For Not Applicable		etc.				#. etc.	
Country Zp Country Country Country Country Certificate of Status Desired Certificate of Status Desired Certificate of Status Desired Certificate of Status Desired City / Stato / Zip	Applied For							City & State	
7. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors) Title(s) 2 Name of Officers and/or Directors 3 (Do NOT Use Post Office Box Numbers) 4 City / Stato / Zip PD ONG, JOSEPH 1108 MISTLETCE DR. HOLLY HILL FL #####3775.00 #####3 B. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent #####3775.00 #####3 WILLIAMS, S. LARUE 150 SOUTH PALMETTO DAYTONA BEACH FL 32014 WILLIAMS, S. LARUE 5. ONG Street Address of Now Registered Agent 150 SOUTH PALMETTO DAYTONA BEACH FL 32014 DAYTONA BEACH FL 32014 DAYTONA BEACH FL 32014 Date Street Address of Status Address of Sociolo 607.0505, F.S. PALMET DAY ON A BEACH FL 32014 Date Street Address of Status Address of Now Registered Agent Name Street Address of Now Registered Agent Status Address of Now Registered Agent Address	State Conditions of the said					· .			
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Title(s) 2 and/or Directors 3 (Do NOT Use Post Office Box Numbers) 4 City / State / Zip		rs)				or Director (Flo			7. Names a
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8. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent WILLIAMS, S. LARUE 150 SOUTH PALMETTO DAYTONA BEACH FL 32014 Street Address (P.O. Box Number is Not Acceptable) 11 50 Wood-10F. Device State Zip Code FL 3-211 State Zip Code FL 3-211 Signature of Lecture Agent with and accept the obligations of Section 607.0505, F.S. REGISTERED AGENT MUST SIGN Date Date Acceptable State Zip Code FL 3-211		HOLLY HILL FL						ONG, JOSEPH	PD
B. Name and Address of Current Registered Agent B. Name and Address of New Registered Agent WILLIAMS, S. LARUE 150 SOUTH PALMETTO DAYTONA BEACH FL 32014 Suite, Apt. #, Etc. CITY HOLD STEEL TO SOUTH State Zip Code FL 3-211 Signature of Registered Agent X. Land Suite Agent Agent Agent Agent Agent Agent Agent Agent Address (P.O. Box Number is Not Acceptable) 1. FO Lipotable To State Zip Code FL 3-211 State Zip Code FL 3-211 REGISTERED AGENT MUST SIGN Dato Landbur 3-4 / REGISTERED AGENT MUST SIGN	FCF.		· · · · · · · · · · · · · · · · · · ·		, .		· · · · · · · · · · · · · · · · · · ·		
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8. Name and Address of Current Registered Agent WILLIAMS, S. LARUE 150 SOUTH PALMETTO DAYTONA BEACH FL 32014 O I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. REGISTERED AGENT MUST SIGN 9. Name and Address of New Registered Agent Street Address of New Registered Agent Name LEADIT S. ONG Street Address (P.O. Box Number is Not Acceptable) 1:50 Ngowing To Date State Zip Code FL 3211	97 	900002042279-	9						
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11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No (See other side for Information on Intangible tax.)	imation	(See other side for information on intangible tax.)	□ No □	ie utes. Yes	ible tax to th Florida Stat	ny intang 199.032,	tion pay a under S.	es this corpora pt. of Revenue	I1. Do De
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 807 or 617, F.S. I further certify that we 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 owned 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 on this application is true and accurate, and my signature shall have the same logal effect as if made under eath. SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Design Places			s the requirements	enilatas eman otarios	unifalities, ind corporation in corp	amos of individinaturo shall hav	n paid and the natrate, and my sign	the corporation have bee opplication is true and according to the corporation in the corporation is true and according to the corporation is true according to the corporation is true according to the corporation is a corporation and according to the corporation is a corporation and according to the corporation according to the corpo	owed by on this a