

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 27 AM 11:53

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **K43604**

1. Corporation Name
URBAN DESIGN SERVICES, INC.

Principal Place of Business 1108 MISTLETOE DRIVE HOLLY HILL FL 32117	Mailing Address 1108 MISTLETOE DRIVE HOLLY HILL FL 32117
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT *Abao*

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida 11/03/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2920208	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$375 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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PD	ONG, JOSEPH	1108 MISTLETOE DR.	HOLLY HILL FL

300002042279--7
-12/31/96-01061-020
****375.00 ****375.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
WILLIAMS, S. LARUE 150 SOUTH PALMETTO DAYTONA BEACH FL 32014		Name LELAND S. ONG Street Address (P.O. Box Number is Not Acceptable) 1150 WOODSIDE DRIVE Suite, Apt. #, Etc. City Holly Hill State FL Zip Code 32117	

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 *Leland S. Ong* **REQUIRED** Date *December 24, 1996*
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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.

SIGNATURE: *Joseph S. Ong* **REQUIRED** *LELAND S. ONG*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date *12-24-96* (904) 253-1227 Daytime Phone #

CR-2040 (7/96)