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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV -3 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000005275

Name and Mailing Address

0003361 01 AT 0.292 **AUTO T5 0 0615 32801-291617

URBAN LIFE MANAGEMENT, L.L.C.
617 E CENTRAL BV
ORLANDO FL 32801-2916

CR2E034 (7/03)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida 04/05/2001

Principal Place of Business
617 E CENTRAL BV
ORLANDO FL 32801

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
59-3711047

☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. **Name and Address of Current Registered Agent**

BREWERTON, JOHN L III
250 NORTH ORANGE AVENUE, PENTHOUSE SUITE
ORLANDO FL 32801

9. **Name and Address of New Registered Agent**

Name

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

300024387593
11/03/03--01096--006 **150.00

City FL Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent SIGNATURE REQUIRED Date 10/10/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	SCHEIWILLER, ROBERT T	617 E CENTRAL BV SCHEIWILLER	ORLANDO FL 32801

REINSTATEMENT 03

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manage SIGNATURE REQUIRED Date 10/14/03 Daytime Phone # 407-872-2325

Typed or printed name of signing Managing Member/Manager Robert Scheiwiller