

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

03 DEC 18 AM 8:35

ENTERED OCT 16 2003
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000009838

Name and Mailing Address

0006083 01 AT 0.292 **AUTO T4 0 0615 33137-440989

URBANUS TECHNOLOGIES, LLC
89 NE 27TH ST.
MIAMI FL 33137-4409



2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida -04/19/2002-

Principal Place of Business
89 NE 27TH ST.
MIAMI FL 33137

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

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

FITZGERALD, JOHN E JR
9165 PARK DR.
MIAMI SHORES FL 33138

9. Name and Address of New Registered Agent

Name

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

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
REGISTERED AGENT MUST SIGN

Date 10/24/03

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

PRESIDENT ANDREW KELLY 89 NE 27 ST. Miami, FL 33137

800024184918
10/28/03 01007 029 **150.00

REINSTATEMENT

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/Manager

SIGNATURE REQUIRED

Date 10/24/03 Daytime Phone #

305-576-9510
ext 102

Typed or printed name of signing Managing Member/Manager