


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L03000018129			
1. Limited Liability Company's Name URBAN PARTNERS 17 HOUSES, LLC			
2. Principal Office Address 701 Brickell Avenue Suite, Apt. #, etc. Suite 2040 City & State Miami, FL Zip 33131 Country USA		3. Mailing Office Address 701 Brickell Avenue Suite, Apt. #, etc. Suite 2040 City & State Miami, FL Zip 33131 Country USA	
4. State/Country of Formation Florida USA		5. Date Organized or Qualified To Do Business in Florida 5/20/03	
6. FEI Number 20-2467702		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name Jonathan J. Lichtman, P.A.			
Street Address (P.O. Box Number is Not Acceptable) 120 E. Palmetto Park Road			
Suite, Apt. #, Etc. Suite 100			
City Boca Raton		State FL	Zip Code 33432
9. 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		Date 3/21/05	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
M,P	Gustavo Hernandez	701 Brickell Avenue, Suite 2040	Miami, FL 33131
COO	Justin DalMolin	701 Brickell Avenue, Suite 2040	Miami, FL 33131
CFO	Justin DalMolin	701 Brickell Avenue, Suite 2040	Miami, FL 33131
S	Justin DalMolin	701 Brickell Avenue, Suite 2040	Miami, FL 33131
REINSTATEMENT 2004-2005			
11. 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		Date 3/4/05	Daytime Phone# (305) 357-5576
Typed or printed name of signing Managing Member/Manager Justin DalMolin			

FILED
05 MAR 24 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/02)