
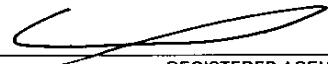
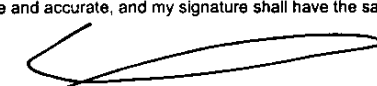


L03000025428

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
REINSTATEMENT			
DOCUMENT # L03000025428			
1. Corporation Name Urban Organics Development LLC			
2. Principal Office Address - No P.O. Box # 1800 Micozucker Cms Bldg		3. Mailing Office Address 1805 Micozucker Cms Bldg	
Suite, Apt. #, etc. # 909		Suite, Apt. #, etc. # 909	
City & State Tallahassee FL		City & State Tallahassee FL	
Zip 32308	Country US	Zip 32308	Country US
4. Date Incorporated or Qualified To Do Business in Florida 7-11-03			
5. FEI Number 43-2024043			
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name Antoine Wright			
Street Address (P.O. Box Number is Not Acceptable) 1800 Micozucker Cms Bldg			
Suite, Apt. #, Etc. # 909			
City Tallahassee		State FL	Zip Code 32308
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent 		Date 8-8-08	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MAN	Antoine Wright	1800 Micozucker Cms Bldg	Tallahassee FL 32308
REINSTATEMENT 2005-2008			
10. 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 contained in Chapter 119, 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: 		Date 8/8/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # (850) 528-7714	