PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2007 APR 30 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000044221

CR2E041 (1/07)

1. Limited Liability Company's Name

URBAN RENTALS LLC

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
5121 LOCKWOOD ~~WEST BLOOMFIELD MI~~	110 34th ~~#1B~~
Suite, Apt. #, etc. ~~48322~~	Suite, Apt. #, etc. # 1B
City & State: WEST BLOOMFIELD, MI	City & State: HERMOSA BEACH, CA
Zip: 48322 Country: OAKLAND	Zip: 90254 Country: L.A

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida 11/13/2003

6. FEI Number 20456219 ☐ 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

Name: KEN GREENBERG

Street Address (P.O. Box Number is Not Acceptable): ~~1720 HARRISON AVE~~ 17200 GULF BLVD.

Suite, Apt. #, Etc.: ~~#102~~ #102

City: ~~HOLLYWOOD~~ ST PETERSBURG State: FL Zip Code: 33708

☒ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: K Greenberg Date: 4/18/07

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
PRES	KEN GREENBERG	110 34th #1B	HERMOSA BEACH, CA 90254
			100101873741 05/08/07--01005--007 **155.00
			REINSTATEMENT 06-07

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: K Greenberg Date: 4/18/07 Daytime Phone # 727-643-0190

Typed or printed name of signing Managing Member/Manager: KENNETH L. GREENBERG

727 643-0190