

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


09 OCT 14 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/08/09--01035--012 **1050.00
CR2E081 (12/08)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000016901

1. Corporation Name

Urban Investments 1 LLC

2. Principal Office Address - No P.O. Box # 4301 N Ocean Drive		3. Mailing Office Address same	
Suite, Apt. #, etc. PH3A		Suite, Apt. #, etc.	
City & State Boca Raton, Florida		City & State	
Zip 33431	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	3/03/2004
5. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name August Urbanek			
Street Address (P.O. Box Number is Not Acceptable) 4301 N Ocean Drive			
Suite, Apt. #, Etc. PH3A			
City Boca Raton, Florida	State FL	Zip Code 33431	

The 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 reinstatement fee be waived.

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 *August Urbanek* Date 10-3-09
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
MGRM	August Urbanek	4301 N Ocean Drive	Boca Raton, Florida 33431

JB

REINSTATEMENT 2008-09

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: *August Urbanek* Date 10-3-09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #