


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

08 FEB -7 AM 11: 58

CR2E041 (12/07)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L05000096440**

1. Limited Liability Company's Name
URBAN BASED ADVERTISEMENT & DEVELOPMENT, LLC

2. Principal Office Address - No P.O. Box # 5120 Conroy Rd		3. Mailing Office Address 5120 Conroy Rd	
Suite, Apt. #, etc. 534		Suite, Apt. #, etc. 534	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32811	Country USA	Zip 32811	Country USA

4. State/Country of Formation FL / USA	
5. Date Organized or Qualified To Do Business in Florida 9/26/05	
6. FEI Number 26-1212535	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
Winton J Forde II

Street Address (P.O. Box Number is Not Acceptable)
5120 Conroy Rd

Suite, Apt. #, Etc.
534

City Orlando, FL	State FL	Zip Code 32811
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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 *Winton J Forde II* Date **1-22-08**

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
President	Winton J Forde II	5120 Conroy Rd	Orlando, FL 32811

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 *Winton J Forde II* Date **1-22-08** Daytime Phone # **407-690-1582**

Typed or printed name of signing Managing Member/Manager _____

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