

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 12 PM 11:02

DOCUMENT # **L 9700000341**

1. Limited Liability Company's Name

URBAN SPACES MANAGEMENT GROUP, LC

2. Principal Office Address

1251 NE 108TH ST

Suite, Apt. #, etc.

822

City & State

NORTH MIAMI FLA

Zip

33161

Country

USA

3. Mailing Office Address

1251 NE 108TH ST

Suite, Apt. #, etc.

822

City & State

NORTH MIAMI FLA

Zip

33161

Country

USA

4. State/Country of Formation

FLA, USA

5. Date Organized or Qualified To Do Business in Florida

3/24/97

6. FEI Number

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

JULIO CABAL

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

1251 NE 108TH ST

Suite, Apt. #, Etc.

822

City

NORTH MIA

State

FL

Zip Code

33161

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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

REGISTERED AGENT MUST SIGN

Date **10/2/00**

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
MGR	JULIO CABAL	1251 NE 108TH ST # 822	NORTH MIA FLA 33161
MGRM	ANTHONY P. OECIL	11960 NE 108TH ST # 20	NORTH MIA FLA 33181
MGRM	YONEYA CABAL	1251 NE 108TH ST # 822	NORTH MIA FLA 33161

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 **10/2/00**

Daytime Phone # **(305) 893 6820**

Typed or printed name of signing Managing Member/Manager **JULIO CABAL**