

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

97 JUL 15 PM 3:55

1. Name and Mailing Address of Corporation: DOCUMENT #

M87273

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

STATE  
TALLAHASSEE, FLORIDA

Address

Address

City and State

Zip Code

URBAN CAPITAL CORPORATION  
330 Biscayne Blvd., Suite 650  
Miami, Fl. 33132

3. Date Incorporated or Qualified  
To Do Business in Florida  
June 28, 1988

4. FEI Number  
65-0177460

FEI Number Applied For

FEI Number Not Applicable

5. \$8.75 Additional Fee required  
for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
P/D	Jose R. Alonso	330 Biscayne Blvd., Ste. 650	Miami, Fl.

REINSTATEMENT 9597

300002241793--3  
-07/18/97--01101--005  
\*\*\*1080.00 \*\*\*1080.00

REGISTERED AGENT INFORMATION

8. Name and Address of New Registered Agent and/or Office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State

Zip

FL.

7. Name and Address of Current Registered Agent

Jose R. Alonso  
330 Biscayne Blvd., Ste. 650  
Miami, Fl. 33132

9. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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., and that all fees owed by the corporation 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  
Officer or Director

Date 6-5-97

Daytime Phone # (305) 358-9907

Typed or printed name of signing officer or director