PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV -1 AM 10: 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001986

1 Corporation Name
URGENT, INC

Principal Place of Business
P.O. Box 972313
Miami, Fla. 33197

Mailing Address
P.O. Box 972313
Miami, FL 33197

100001997281--8
-11/06/96--01025--018
****236.25 ****236.25

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, If Applicable
11110 S.W. 196th St
Suite, Apt. #, etc.
A 103
City & State
Miami, FL
Zip 33197 Country USA

3. New Mailing Address, If Applicable
P.O. Box 972313
Suite, Apt. #, etc.
Miami, FL
City & State
Zip 33197 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 4/18/94

5. FEI Number 65-0516506 Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a certificate of status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	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 / State / Zip
PD	CRESPO, HENRY	219 NW 14th TERR	Miami, FL 33136
TD	HORTON, DENNIS	12375 S.W. 217 St	Miami, FL 33170
S	MONTEIRO, RUTH	11110 S.W. 196 St #A103	Miami, FL 33157

REINSTATEMENT

8. Name and Address of Current Registered Agent
Ruth Monteiro
11110 S.W. 196 St A103
Miami, FL 33157

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State FL Zip Code

CR2E040 (12/95)

10 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 Ruth Monteiro Date 10/15/96
REGISTERED AGENT MUST SIGN

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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: Henry Crespo Sr. Henry Crespo Sr. 11-6-96 (305)953-2926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #