PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P00000027781

1. Corporation Name

URBANUS HOME, INC

REINSTATEMENT 2001

2. Principal Office Address	3. Mailing Office Address
89 NE 27th Street	89 NE 27th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33137 Country: USA	Zip: 33137 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 3/17/2000

5. FEI Number: Applied For ☐ Not Applicable ☒

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: GAYLE ZALDUONDO

700004743127--8
-12/28/01--01079--007
****750.00 ****750.00

Street Address (P.O. Box Number is Not Acceptable): 89 NE 27th Street

Suite, Apt. #, Etc.:

City: Miami, State: FL Zip Code: 33137

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: X [signature] REGISTERED AGENT MUST SIGN Date: 12/20/01

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Gayle Zalduondo	89 NE 27th Street	Miami, Florida 33137
VD	Andrew Kelly	89 NE 27th Street	Miami, Florida 33137

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 under section 119.07(3)(i), 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: X [signature] PRESIDENT 12/20/01 305-576-9510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #