

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

08 DEC -9 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0708
[Signature]

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P000000027781
URBANUS HOME, INC.

1. Corporation Name

REINSTATEMENT

600138738276
12/09/08--01024--010 **900.00

CR2E081 (10/08)

2. Principal Office Address - No P.O. Box #

234 NE. 34th St

3. Mailing Office Address

234 N.E. 34th

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami

City & State

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

59-3631568

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GAYLE ZALDUENDO

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

430 West 37th St.

Suite, Apt. #, Etc.

City

Miami Beach

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

[Signature]
REGISTERED AGENT MUST SIGN

Date Dec 7, 2008

The 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 reinstatement fee be waived.

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	GAYLE ZALDUENDO	430 West 37th St	Miami Beach FL 33140
Vice Pres.	ANDREW KELLY	430 West 37th St	Miami Beach FL 33140

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 contained in Chapter 119, 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec 7, 305-582-6057
Date Daytime Phone #