

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 OCT 31 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000109455**

1. Corporation Name

URBAN ESTATES, INCORPORATED

Principal Place of Business

**3814 S. KENWOOD AVE.
TAMPA FL 33611**

Mailing Address

**3814 S. KENWOOD AVE.
TAMPA FL 33611**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/22/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3691114

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
DPS	BULEJCIK, JEFFREY J	3814 KENWOOD AVE	TAMPA FL 33611
D	SEGUIN, JEREMIE	52 INGLESIDE AVE	WORCESTER MA 01604
TD	SEGUIN, TRISHA M	52 INGLESIDE AVE	WORCESTER MA 01604
D	DAUKSZ, BROOK	80 SUTTON ROAD	WEBSTER MA 01570

3000008734453
10/31/02--01113--018 **750.00

8. Name and Address of Current Registered Agent

**BULEJCIK, JEFFREY J
3814 S. KENWOOD AVE.
TAMPA-FL-33611**

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 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
Jeffrey J. Bulejick
REGISTERED AGENT MUST SIGN

Date

10/28/02

11. 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:

SIGNATURE REQUIRED
Jeffrey J. Bulejick, Pres & Sec
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #