

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 JAN 27 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000006782**

1. Corporation Name

URBANDZINE, INC.

Principal Place of Business

**757 PLAZA COURT
ORLANDO FL 32803**

Mailing Address

**757 PLAZA COURT
ORLANDO FL 32803**



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

2. New Principal Office Address, If Applicable

809 ARAGON

Suite, Apt. #, etc.

City & State
WINTER PARK, FL.

Zip
32789

Country
USA

3. New Mailing Office Address, If Applicable

PO BOX 536326

Suite, Apt. #, etc.

City & State
ORLANDO, FL.

Zip
32853

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/18/2001

5. FEI Number

59-3730047

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$38.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SMITH, CHARLES D JR.	757 PLAZA COURT	ORLANDO FL 32803
T	WENDY L. SUMNER	5020 GREENBRIAR TRL	MT. DORA, FL. 32757

8. Name and Address of Current Registered Agent

**J. CARTER MOORE
120 E. CONCORD STREET
ORLANDO FL 32801**

9. Name and Address of New Registered Agent

Name
WENDY L. SUMNER
Street Address (P.O. Box Number is Not Acceptable)
5020 GREENBRIAR TRL.
Suite, Apt. #, Etc.
City
MT. DORA
State
FL
Zip Code
32757

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
REGISTERED AGENT MUST SIGN

Date **1-27-03**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-03
407.246.5009

CR2040 (8/02)

TO WHOM IT MAY CONCERN,

I NEVER REC'D THE TWO PRIOR (UBR's)
I HAVE INDICATED MY NEW ADDRESSES
ON THE ENCLOSED FORMS.

⑤ D. S. Th 407.246.5009
1-20-03
