

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 OCT 23 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **P01000032348**

1. Corporation Name

URBANWORKS DEVELOPMENT, INC.

2. Principal Office Address

194 MINORCA AVENUE

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

Zip **33134**

Country

USA

3. Mailing Office Address

194 MINORCA AVE

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

2001

5. FEI Number

65-1143159

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

ERICK VALLE

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

194 MINORCA AVENUE

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

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

10.22.02

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 |
|----------------|--------------------------------------|---|------------------------|
| PRESIDENT | EUGENE SPANO | 556 SUPPERY RD. | WESTON, FL 33327 |
| VICE-PRESIDENT | ERICK VALLE | 194 MINORCA AVE | CORAL GABLES, FL 33134 |
| ACCT/OFFICER | ESTELA VALLE | 3690 SW 109TH AVE | MIAMI, FL 33165 |
| SECRET/OFFICER | JAINA CORREA | 5735 BLUE ROAD | MIAMI, FL |
| | | | <i>[Signature]</i> |

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)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERICK VALLE

Date

10/22/02

Daytime Phone #

86.552.7233

305.476.9212

CR2E081 (9/01)