

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB -2 PM 4:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000092606

**1. Corporation Name**

SOUTH FLORIDA URBAN CONSULTANTS, INC.

**2. Principal Office Address**

9900 SW 168 STREET

Suite, Apt. #, etc.

Suite 11

City & State

MIAMI, FLORIDA

Zip

33157

Country

USA

**3. Mailing Office Address**

9900 SW 168 STREET

Suite, Apt. #, etc.

Suite 11

City & State

MIAMI, FLORIDA

Zip

33157

Country

USA

**REINSTATEMENT**

0504

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

9/21/2001

**5. FEI Number**

65-1158940

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

PATRICK D. COATS

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

9900 SW 168 STREET

Suite, Apt. #, Etc.

Suite # 11

City

MIAMI

State

FL

Zip Code

33157

**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

Patt D. Coats

REGISTERED AGENT MUST SIGN

Date 1/22/04

**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
P	PATRICK D. COATS	12555 SW 219 STREET	MIAMI, FL 33170
VP	WAYNE D. DU'RANT	15251 SW 177 TERRACE	MIAMI, FL 33187

**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:

Patt D. Coats

PATRICK D. COATS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/22/04

Daytime Phone #

786-367-9726

CR2E081 (10/02)