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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000113527

1. Corporation Name
Urban Partners Group, Inc.

REINSTATEMENT 03

2. Principal Office Address	3. Mailing Office Address
1548 The Greens Way	1548 The Greens Way
Suite, Apt. #, etc. Suite 3	Suite, Apt. #, etc. Suite 3
City & State Jacksonville, Florida	City & State Jacksonville, Florida
Zip 32250 Country USA	Zip 32250 Country USA

4. Date Incorporated or Qualified To Do Business In Florida 11/30/01

5. FEI Number 65-1156264 ☐ 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: Edmundo E. Gonzalez

Street Address (P.O. Box Number is Not Acceptable) 1548 The Greens Way

Suite, Apt. #, Etc. Suite 3

City Jacksonville Beach State FL Zip Code 32250

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 _____ Date September 24, 2003
REGISTERED AGENT MUST SIGN

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
PSTD	Edmundo E. Gonzalez	1548 The Greens Way, Suite 3	Jacksonville Beach, Florida 32250

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 _____ Edmundo E. Gonzalez 9/24/2003 (904) 543-0026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Florida Department of State

Division of Corporations

Public Access System

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CORPORATION REINSTATEMENT

ANGEL M. GARCIA-OLIVER, P.A.

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