

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 10 PM 12:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000120185

1. Corporation Name

URBAN BEAT, INC.

Principal Place of Business

Mailing Address

100 E. CENTRAL BLVD  
ORLANDO FL 32801

100 E. CENTRAL BLVD  
ORLANDO FL 32801

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

12/20/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

01-0611621

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MARKU, TOM A	106 N. SUMMERLIN AVE.	ORLANDO FL 32801
D	MAURO, MICHAEL S SR	625 PALMER ST.	ORLANDO FL 32801

800024568308  
11/10/03--01085--008 \*\*158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HARISON, CHARLES R  
1413 TROVILLION AVE.  
WINTER PARK FL 32789

Name

Tom A. MARKU

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

106 N. SUMMERLIN AVE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32801

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]*  
REGISTERED AGENT MUST SIGN

Date

11-5-03

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-5-03

Daytime Phone #

407-383-7297

CR2E040 (7/03)

11-5-03

100 CENTRAL INC. 100 E. CENTRAL BLVD. ORLANDO FL. 32801 407-383-7297

To Whom It May Concern:

This is to notify you that I never received the corporate renewal this year, and partly blame my registered agent for this. I am changing that to myself, so that hopefully wont have this problem again. I am enclosing a renewal form and check.

Thank you,

A handwritten signature in black ink, appearing to read 'Tom A Marku', written over a horizontal line.

Tom A Marku