

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 AUG -14 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P02000014723

**1. Corporation Name**

ENCORE URBAN DEVELOPERS INC.

**2. Principal Office Address**

3217 A S. MACDILL AVE

Suite, Apt. #, etc.

TAMPA

City & State

TAMPA FL

Zip

33690

Country

usa

**3. Mailing Office Address**

P.O. BOX 14152

Suite, Apt. #, etc.

TAMPA

City & State

TAMPA FL

Zip

33690

Country

USA

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

02-08-02

**5. FEI Number**

20-5215704

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/05)

03-06

**7. Name and Address of Current Registered Agent**

Name

TERRENCE NERO

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

3217 -A-S. MACDILL AVE

Suite, Apt. #, Etc.

City

TAMPA

State  
FL

Zip Code  
33690

500078487945  
08/08/06-01068-015-#600.00

**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

TERRENCE NERO  
REGISTERED AGENT MUST SIGN

Date 08-01-06

**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
D	GRAZIA SCOPELLITI	3217 A S. MACDILL AVE	TAMPA FL 33690
D	HEATHER SCOPELLITI	3217 A S. MACDILL AVE	TAMPA FL 33690

**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 contained in Chapter 119, 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: *Heather Scopelliti* HEATHER SCOPELLITI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-01-06

Date

Daytime Phone #

08-03-06

Encore Urban Developers  
P.O. Box 14152 Tampa FL 33640

Division of Corp  
ATT: SEAN TONER

Dear Mr. Toner

As per our conversation of  
today please find pity in our  
reinstatement as we did not receive  
the filings and therefore were  
oblivious to the predicament that  
we find ourselves in. Thanking you  
in advance for your kind cooperation.

Encore Urban Developers  
Per: Terrence New.

P.S. kindly excuse the handwriting.