

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 DEC -3 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700138414507
12/03/08--01039--008 **300.00

CR2E081 (10/08)

DOCUMENT # P03000037983

1. Corporation Name

Urban Investors Realty, Inc.

2. Principal Office Address - No P.O. Box #

2800 State Road 84

Suite, Apt. #, etc.

118

City & State

Dania Florida

Zip

33312

Country

US

3. Mailing Office Address

511 SW 19th Street

Suite, Apt. #, etc.

City & State

Fort Lauderdale Florida

Zip

33315

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida 04/04/03

5. FEI Number
383677512

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

Hildelisa C. Fernandez

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

2800 State Road 84

Suite, Apt. #, Etc.

118

City

Dania

State

FL

Zip Code

33312

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Hildelisa C. Fernandez

REGISTERED AGENT MUST SIGN

Date 11/24/08

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	Hildelisa C. Fernandez	2800 State Road 84 Suite 118	Dania / FL / 33312

REINSTATEMENT
07-08

[Signature]

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:

Hildelisa C. Fernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/24/08 754-246-8888

Date

Daytime Phone #