


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000082616		
1. Entity Name URBINA CONTRACTORS INC.		
Principal Place of Business 26207 PHEASANT RUN WESLEY CHAPEL, FL 33544		Mailing Address 26207 PHEASANT RUN WESLEY CHAPEL, FL 33544

FILED

05 DEC 30 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business 9317 Chase Street Suite, Apt. #, etc.		3. Mailing Address 9317 Chase Street Suite, Apt. #, etc.	
City & State Spring Hill, FL Zip 34606 Country		City & State Spring Hill, FL Zip 34606 Country	

REINSTATEMENT 05

4. FEI Number 56-2380645		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent URBINA, DIMAS R 26207 PHEASANT RUN WESLEY CHAPEL, FL 33544		7. Name and Address of New Registered Agent Name: Urbina Dimas R. Street Address (P.O. Box Number is Not Acceptable): 9317 Chase Street City: Spring Hill FL Zip Code: 34606

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12/27/05
DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P URBINA, DIMAS R MR. 26207 PHEASANT RUN WESLEY CHAPEL, FL 33544 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Urbina, Dimas R. Mr. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9317 Chase Street Spring Hill, FL 34606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	100062505331 <input type="checkbox"/> Change <input type="checkbox"/> Addition 12/30/05--01049--003 **158.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

12/27/05 (813) 468-1381
Date Daytime Phone #