

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000156251

1. Corporation Name

URBANA MANAGEMENT CORP.

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

1395 BRICKELL AVE.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

1080

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip

33131

Country

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

ALEXANDER ANGUEIRA

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

7301 SW 57TH COURT

Suite, Apt. #, Etc.

SUITE 515

City

SOUTH MIAMI

State

FL

Zip Code

33143

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

REGISTERED AGENT MUST SIGN

Date

9.13.10

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 |
|--------|--------------------------------------|---|----------------------------|
| PTD | JORGE E. AREVALO | 1395 BRICKELL AVE., SUITE 1080 | SOUTH MIAMI, FLORIDA 33131 |
| VPSD | TAKIS MITROPOULOS | 1395 BRICKELL AVE., SUITE 1080 | SOUTH MIAMI, FLORIDA 33131 |
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| | | | |

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 SEP 15 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300125460663
09/15/10--01024--003 **900.00

REINSTATEMENT

9-10

4. Date Incorporated or Qualified
To Do Business in Florida 11/28/2005

5. FEI Number

20-3896466

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

9.13.10 305781-9031
9/15/10