

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV -5 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000089584

1. Corporation Name

Urban Investment Partners, Inc.

REINSTATEMENT 08-09

800162543048
11/05/09--01039--012 ***300.00
CR2E081 (12/08)

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

235 SW 40th St

3. Mailing Office Address

235 SW 40th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral, FL.

City & State

Cape Coral, FL.

Zip

33914

Country

USA

Zip

33914

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/5/2006

5. FEI Number
20-5265294

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
Eric A. Urban

Street Address (P.O. Box Number Is Not Acceptable)
235 SW 40th St

Suite, Apt. #, Etc.

City
Cape Coral

State
FL

Zip Code
33914

☒ 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

Date 11-2-09

REGISTERED AGENT MUST SIGN

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
Pres	Eric A. Urban	235 SW 40th St	Cape Coral, FL. 33914
VP	Raquel N. Urban	235 SW 40th St	Cape Coral, FL. 33914

11/6

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-2-09

Date

239-560-1099

Daytime Phone #