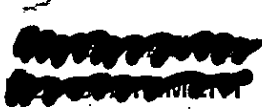


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 AUG 28 AM 9:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93 000074351

1. Corporation Name

URVA, INC.

2. Principal Office Address

12980 PORT SAID ROAD

Suite, Apt. #, etc.

City & State

OPA LOCKA, FLA.

Zip

33054

Country

U.S.A.

3. Mailing Office Address

12980 PORT SAID ROAD

Suite, Apt. #, etc.

City & State

OPA LOCKA, FLA.

Zip

33054

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

10/21/1993

5. FEI Number

59-1961338

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

JUAN URBINA

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

695 NE 81st

Suite, Apt. #, Etc.

CASA

City

MIAMI

State

FL

Zip Code

33138

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

Juan Urbina

REGISTERED AGENT MUST SIGN

Date

8-25-00

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.

JUAN URBINA

695 NE 81st

MIAMI, FLA. 33138

KE

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 under section 119.07(3)(i), 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

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

JUAN URBINA

Date

8-25-00 (305) 674-8282

Daytime Phone #

CP2E081 (9/99)

Miami, Aug. 25, 00.

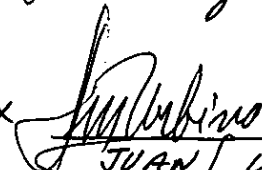
2082

Division of Corporations:

To whom it may concern:

Enclosed please find
the reinstatement form with a check
for \$450.00. The renewal form
for 1998 was never received.

Sincerely yours,

x 
JUAN URBINA
PRESIDENT