

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 194000015925

1. Corporation Name

URBAN FINANCIAL CORP

FILED

01 FEB 22 PM 3:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

Same → 941 NE 19th Ave Ste. 203
Fort Lauderdale, FL 33304

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

941 NE 19th Ave

3. New Mailing Office Address, If Applicable

941 NE 19th Ave

Suite, Apt. #, etc.

Ste. 203

Suite, Apt. #, etc.

Ste. 203

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33304

Country

USA

Zip

33304

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/2/94

5. FEI Number

65-0501751

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	Anthony Webb	8528 Old Country Manner Davie, FL 33328	←
VP	Jeffrey Duckham	5760 NE 17 Ave Fort Lauderdale, FL 33334	←
			900003784379--5 -02/28/01--01009--013 ***1650.00 ***1650.00

REINSTATEMENT 95-01

[Signature]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Anthony Webb
941 NE 19th Ave Ste. 203
Fort Lauderdale, FL 33304

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 2/20/01

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony Webb

Date

Daytime Phone #

2/20/01 (954) 236-2827

CR20040 (12/96)