

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 1 of 2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS

02 FEB -8 AM 11:43

DOCUMENT #

999000087197

1. Corporation Name

URBAN MEDICAL PROVIDERS INC.

2. Principal Office Address

777 NE 79th St

Suite, Apt. #, etc.

Suite 102

City & State

Miami, FL

Zip

33138

Country

DADE

3. Mailing Office Address

777 NE 79th St

Suite, Apt. #, etc.

102

City & State

Miami, FL

Zip

33138

Country

DADE

REINSTATEMENT 00-02

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0955796

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

Anthony McBean

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

18115 NW 15th St

Suite, Apt. #, Etc.

City

Pembroke Pines, FL

State

FL

Zip Code

33029

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 5-20-01

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
D	Anthony McBean	18115 NW 15th St.	Pembroke Pines, FL, 33029
D	AKIEL McBean	18115 NW 15th St	Pembroke Pines, 33029

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* Anthony McBean 5/20/01 (305) 807-5920

Date

Daytime Phone #

CR2E081 (9/00)

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

pg 2 of 2

DOCUMENT #

1. Entity Name

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

Urban medical providers 13936 NW 7 Ave.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami FL

City & State

4. FEI Number

65 0955796

Applied For

Not Applicable

Zip

33168

Country

U.S.

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Anthony McBean

Street Address (P.O. Box Number is Not Acceptable)  
13936 NW 7 Ave.

City Miami

FL

Zip Code 33168

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-30-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE Director (Managing)  
NAME Anthony McBean  
STREET ADDRESS 1815 NW 15th St  
CITY-ST-ZIP Pembroke Pines FL 33168

TITLE Director  
NAME Akriel McBean  
STREET ADDRESS 1815 NW 15th St  
CITY-ST-ZIP Pembroke Pines FL 33168

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**DO NOT WRITE  
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony McBean 1-30-02 (305) 807 5920