

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 OCT 29 PM 5:15

DOCUMENT # P99000105111

1. Corporation Name

URBAN HOUSING REINVESTMENT CORP.

Principal Place of Business

28000 WESTBROOK DRIVE  
SUITE 200  
BONITA SPRINGS FL 34135

Mailing Address

C/O JOHN R. LONERGAN, P.A.  
12520 WORLD PLAZA LANE, SUITE 1  
FORT MYERS FL 33907



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/06/1999

5. FEI Number

59-3611388

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	LACAVA, JAIME L	28000 WESTBROOK DRIVE SUITE 200	BONITA SPRINGS FL 34135
<del>VP</del>	<del>MOSS, GEORGIA G</del>	<del>28000 WESTBROOK DRIVE SUITE 200</del>	<del>BONITA SPRINGS FL 34135</del>
<del>VP</del>	<del>HALL, DANIEL R JR.</del>	<del>28000 WESTBROOK DRIVE SUITE 200</del>	<del>BONITA SPRINGS FL 34135</del>
VP	Michele R. Miller	28000 Westbrook Dr. Ste 200	Bonita Springs FL 34135

400004679394--5  
-11/15/01--01001--010  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

LONERGAN, JOHN R  
12520 WORLD PLAZA LANE  
SUITE 1  
FORT MYERS FL 33907

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
FL

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

REGISTERED AGENT MUST SIGN

Date

10/23/01

11. 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

Date

10-20-01 941 671-8247

Daytime Phone #

CR2E040 (8/01)