


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> 97 MAY 12 AM 11:23 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>M77837</u> 1. Corporation Name <p style="text-align: center; font-size: 1.2em;">Metal Mart, Inc.</p>					
Principal Place of Business <del>1767 West 32nd Place</del> <del>Hialeah, FL 33012</del>		Mailing Address <del>1767 West 32nd Place</del> <del>Hialeah, FL 33012</del>			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Envoy Apartments Suite, Apt. #, etc. 455 Golden Isle Drive #201 City & State Hallandale, Florida Zip 33099 Country USA		3. New Mailing Address, If Applicable Envoy Apartments Suite, Apt. #, etc. 455 Golden Isle Drive #201 City & State Hallandale, Florida Zip 33099 Country USA		DO NOT WRITE IN THIS SPACE 4. Date Incorporated or Qualified To Do Business in Florida 4/25/88 5. FEI Number 05-0040690 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> SR 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 (Do NOT Use Post Office Box Numbers)	City / State / Zip		
DP	MORRIS KREVITZ	Envoy Apartments 455 Golden Isle Drive #201	Hallandale, FL 33099		
			000002183970--9 05/19/97 01186 005 ***923.75 ***923.75		
8. Name and Address of Current Registered Agent LARRY D. SIMPSON 1102 NORTH GADSDEN STREET TALLAHASSEE, FL 32303			9. Name and Address of New Registered Agent Name: Warren Stamm, Esq. Street Address (P.O. Box Number is Not Acceptable): 999 PENCE DE LEON BLVD. Suite, Apt. #, Etc.: Suite 1015 City: Coral Gables State: FL Zip Code: 33134		
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: <i>Warren Stamm</i> REGISTERED AGENT MUST SIGN Date: 5/8/97					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <i>Warren Stamm</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: 5/8/97 Daytime Phone #: (954) 454-3042	

CR2040 (1/95)