

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 18 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 543035

1. Corporation Name

Metro Associates, Inc.

800017316478
04/29/03--01068--021 **900.00

REINSTATEMENT

[Handwritten signature]

2. Principal Office Address
1563 Hubbard Avenue

Suite, Apt. #, etc.

City & State
Batavia, Illinois

Zip Country
60510 USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

August 11, 1997

5. FEI Number
59-1760794

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

Parkside Inc.

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

2604-1 Tampa East Blvd. 2

Suite, Apt. #, Etc.

City

Tampa

FL

State

FL

Zip Code

33619

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

Ronald C. Heitzman
REGISTERED AGENT MUST SIGN

Date

4-14-2003

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
Director	George A. Pattee	1563 Hubbard Avenue	Batavia, IL 60510
Director	Ronald C. Heitzman	<i>[Handwritten signature]</i>	<i>[Handwritten signature]</i>
CEO President	George A. Pattee	<i>[Handwritten signature]</i>	<i>[Handwritten signature]</i>
CFO, VP, Sec., Treas.	Ronald C. Heitzman	<i>[Handwritten signature]</i>	<i>[Handwritten signature]</i>

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

Date

4-14-2003

Daytime Phone #

[Handwritten signature]