## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT	DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS	FILED  08 MAR -6 AM 9: 05  JEONE FARY OF STATE
DOCUMENT # 736137  1. Corporation Name  Metropolitan Repeater		TÄLT ÄHASSEE, FLORIDA
QSSGC (ation, TNC.  2. Principal Office Address - No P.O. Box # 3. Mailing Office Address		800119593038 03/06/0801046011 ***367.50
10570 114 Terr. N 1057 Suite, Apt. #, etc. Suite, Apt. #,	20 114 Terr. N	REINSTATEMENT 63-08
City & State  City & State		4. Date Incorporated or Qualified To Do Business in Florida 6 - 17 - 1976  5. FEI Number Applied For
Largo SI. Largo Zip Country Zip 33773-2410 Pinellas 33773-	Country	59/708975 Not Applicable  6. CERTIFICATE OF STATUS DESIRED SE.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent  Name  Smit Wayse O.  Street Address (P.O. Box Number is Got Acceptable)  5 4 2 0 Control QV  Suite, Apt. #, Etc.  City ST. Peters burg State Zip Code  FL 3370		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
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		
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	
PO Natalie BAUSTER!	5037 88 au	· Pinellas Park fl33782
V Dave Loib) Pho	4259 40th a	N. N St. Petrs 12. 33714
T Bab Douglas 1 110	8501 ST QDT 2	6 Pinellas Park 1133781
5 Connie Douglas	8501 St. Opt .	2G Pinellas Part #133781
DIT Edward G Vogency	10570 114 th Torr	N Largo f 3377-3-2010
1) Madelin Massey	5375 78 8	N ST. Petersburg fl 33709
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 contained in Chapter 119, 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:  SIGNATURE AND TREET DE PROFIT NAME OF STANDARD OF S		
'SIGNATURE AND TYPED OR PRINTED NAME OF SIGNARY OFFICER OR DIRECTOR Date Dayline Phone #		

See copy

... Document # 736137

DI Linda Saunders 1450 Sea Gull Dr.S St. Peters burg 51. 33707

> Metro Repeater Assoc, Inc 10570 114<sup>th</sup> Terrace N. Largo, Florida 33773