

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F01000000287

1. Entity Name
METROPOLITAN INTERPRETERS & TRANSLATORS,
INC.



FILED

04 OCT 29 PM 3: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

110 EAST 42ND ST
SUITE 802
NEW YORK, NY 10017-5611

Mailing Address

110 EAST 42ND ST
SUITE 802
NEW YORK, NY 10017-5611

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10262004

REIN-P

CR2E098 (6/04)

4. FEI Number
13-3759052

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

Jeanine Reynolds
as its agent

(NOTE: Registered Agent's Signature Required When Reinstating)

DATE

1029-04

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSCD
HERFIELD, STEVEN
110 EAST 42ND STREET, SUITE 802
NEW YORK, NY 10017 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
800042704038
11/12/04--01073--010 **750.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN M. HERFIELD PRES

Date

Daytime Phone #

11/27/04 / 212 983-6610