

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
METRIC GROUP, INC.**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$758.75

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 OCT 20 AM 11:49

DOCUMENT # F05000003700

1. Corporation Name

Metric Group Inc.

REINSTATEMENT 2011

2. Principal Office Address - No P.O. Box # 823 East Gate Dr.		3. Mailing Office Address 823 East Gate Dr.	
Suite, Apt. #, etc. 1A		Suite, Apt. #, etc. 1A	
City & State Mt. Laurel, NJ		City & State Mt. Laurel, NJ	
Zip 08054	Country USA	Zip 08054	Country USA

CR28081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 06/20/2005	5. FEI Number 061027264	Applied For ☐ Not Applicable ☐
6. CERTIFICATE OF STATUS DESIRED ☒		§ 17b. Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Rd.

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

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  Steven P. Zimmer
REGISTERED AGENT Assistant Vice President

Date 10-19-11

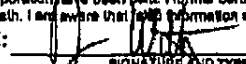
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	David Witts	823 East Gate Dr., 3rd Fl.	Mt. Laurel, NJ 08054

20, 10/20

10. E-mail Address: dwitts@metricparking.com
(To be used for future annual report notifications)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 617.168, F.S.

SIGNATURE:  David Witts

DATE: 10-19-11

DAYTIME PHONE: 604-345-8500