

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR -8 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F07000000202

1. Corporation Name

METALS TRADING ENTERPRISES
CORP.

2. Principal Office Address - No P.O. Box #

1500 Ocean Drive unit 802

Suite, Apt. #, etc.

City & State

Miami Beach FL

Zip

33139

Country

U.S.A.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

1/11/2007

5. FEI Number

562346394

☐ 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

Corporation Service Company

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

1201 Hays street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☐ 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

Doreen Wallace

Date

Feb. 26, 2010

REGISTERED AGENT MUST SIGN

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
SEE ATTACHED			

10. E-mail Address: wlozar@gerald.com

(To be used for future annual report notification)

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., 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.

SIGNATURE:

William Lozar, Jr. William LAZAR, Jr. VP-Tax

Date

March 2, 2010

Daytime Phone #

203-888-8365

Officer/Director Detail

Name & Address

Title PCEO

LANDER, LLOYD
1500 OCEAN DRIVE UNIT 802
MIAMI BEACH FL 33139

Title CBD

LANDER, LLOYD
1500 OCEAN DRIVE UNIT 802
MIAMI BEACH FL 33139

Title VPD

TSATSKIN, MARK
680 WASHINGTON BLVD
STAMFORD CT 06901

Title TD

CALIA, FABIO
680 WASHINGTON BLVD
STAMFORD CT 06901

Title CS

LERNER, GARY
680 WASHINGTON BLVD
STAMFORD CT 06901

Title D

KRIPITER, BORIS
680 WASHINGTON BLVD
STAMFORD CT 06901