

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE  
**Katherine Hams**  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
02 JUN -3 PM 2:21SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**DOCUMENT #**

1. Corporation Name

Col Met Properties, Inc.

900005767479--9

-05/14/02--01064--004

\*\*\*\*300.00 \*\*\*\*300.00

F93 000000213

2. Principal Office Address

9507 North Trask Street

3. Mailing Office Address

9507 North Trask Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Tampa, FL

City &amp; State

Tampa, FL

Zip

33624

Country

Zip

33624

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1/12/93

5. FEI Number

59-3162207

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

CT Corporation System

201.25-AR

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

1200 S. Pine Island Road

10.00-ARARIS

Suite, Apt. #, Etc.

88.75-ARSUPP

City

Plantation

State  
FLZip 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, VS.

Signature of  
Registered Agent*Barbara A. Burke*  
REGISTERED AGENT MUST SIGN**BARBARA A. BURKE**  
SPECIAL ASSISTANT SECRETARY

Date

5-7-02

**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 DirectorsStreet Address of Each  
Officer and/or Director

City / State / Zip

PST

ANANTHARAMAN . A.

9507 North Trask Street

Tampa, FL 33624

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

513 9626563  
Daytime Phone #

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE  
**Katherine Hams**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT #**

1. Corporation Name

Col Met Holding Inc.,

2. Principal Office Address

9507 North Trask Street

Suite, Apt. #, etc.

3. Mailing Office Address

9507 North Trask Street

Suite, Apt. #, etc.

City &amp; State

Tampa, FL

Zip

33624

Country

City &amp; State

Tampa, FL

Zip

33624

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

9/25/92

5. FEI Number

58-2018260

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

CT Corporation System

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

1200 S.Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State  
FLZip Code  
33324

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Signature of  
Registered Agent*Barbara A. Burke*  
REGISTERED AGENT MUST SIGN**BARBARA A. BURKE**  
**SPECIAL ASSISTANT SECRETARY**

Date

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Name of  
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City / State / Zip

PST

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9507, North Trask Street

Tampa, FL 33624

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SIGNATURE:

*A. Anantharaman*  
CA - ANANTHARAMAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

22 May 2002

Daytime Phone #

813 962 6563

**COLORED  
METALS**  
**COL MET, INC.**

9507 N. Trask Street

Tampa, FL 33624

813-961-1341

Fax 813-962-7099

May 22, 2002

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Dear Sir / Madam:

Please find herewith the reinstatement requests for  
our business units in the state of Florida.

We used to have a P.O. box which was closed a couple of years  
back, as a result of which we have not received the  
communications for these renewal. Hence the lapse, and we are  
enclosing our payment in the amount of \$ 300.00 towards the  
renewal.

Thanking you for your consideration,

Sincerely Yours,

  
Ravi Narayanan  
Controller