APPLICATION FOR REINSTATEMENT

FOR Col. Met. Inc.

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE.

FILED

97 APR 25 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # F93000000024

Col. Met. Inc.
9507 N. Trask Avenue
Tampa, Florida 33624

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

REINSTATEMENT 06-97

Zip Code

If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐

3. Date Incorporated or Qualified To Do Business in Florida: 1993

4. FEI Number: 593162190

☐ FEI Number Applied For
☐ FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Names of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
resident	A. Anatharaman	1 Dell Glen Ave.	Lodi, NJ 07644
ecretary			
reasurer			
irector			
			000002164020--6
			06/02/97--01113--002
			****915.00 ****915.00
			VB 4-28-97

This corporation has liability for intangible tax under section 199.032, Florida Statutes. For intangible tax information call Department of Revenue 904-488-6800. ☐ Yes ☐ No

REGISTERED AGENT INFORMATION

6. Name and Address of Current Registered Agent

CT Corporation System
1200 S. Pine Island Road
Plantation, Fl 33324

7. Name and Address of New Registered Agent

Name: Ravi T. Narayanan

Street Address (Do NOT Use P.O. Box Number): 9507 N. Trask Avenue

Street Address (Do NOT Use P.O. Box Number):

City and State: Tampa FL. Zip Code: 33624

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505, F.S.

Signature of Registered Agent: RNarayanan Date:

REGISTERED AGENT MUST SIGN

9. 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. 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 of Officer or Director: Date: 4/24/97 Phone #: (201) 478-1166

Typed or printed name of signing officer or director:

10. Should you desire a certificate of status check the box