

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



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

02 DEC 13 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000000214**

**1. Corporation Name**

Col. Met. Inc.

**300008604753**  
10/28/02--01032--004 \*\*750.00

**300008604753**  
12/13/02--01059--009 \*\*150.00

**2. Principal Office Address**

9507 North Trask Street

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33624

Country

USA

**3. Mailing Office Address**

9507 North Trask Street

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33624

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

10/02/92

**5. FEI Number**

59-3162190

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$6.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
Ravi T. Naryanan

Street Address (P.O. Box Number is Not Acceptable)  
9507 North Trask

Suite, Apt. #, Etc.

City  
Tampa

State  
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 or 617.0503, F.S.**

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **10/22/02**

**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 Directors	Street Address of Each Officer and/or Director	City / State / Zip
PST	A. Anantharaman	9507 North Trask Street	Tampa, Florida 33624
VP	Ravi T. Narayanan	9507 North Trask Street	Tampa, Florida 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Ravi Narayanan**

Date

**961-1391**

Daytime Phone #

CR2E081 (9/01)