

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JAN 13 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F9600000563**

1. Corporation Name

Metro Meter Service, Inc.

2. Principal Office Address

1300 E. 9th Street
Suite, Apt. #, etc.

3. Mailing Office Address

P. O. Box 21331
Suite, Apt. #, etc.

City & State

Owensboro, KY

City & State

Owensboro, KY

Zip

42303

Country

USA

Zip

42304

Country

USA

REINSTATEMENT 98-05

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

5/8/92

5. FEI Number

61-1220438

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ STATE REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

CT Corporation System

600003107106-5

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

1200 South Pine Island Road

**-01/21/00--01103--027
***1050.00 ***1050.00**

Suite, Apt. #, Etc.

600003107106-5

City

Plantation

**-01/21/00--01103--026
State ***1050.00 ***1050.00
FL 33351 *****875**

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

Susan J. Metze

Susan J. Metze
Assistant Secretary

Date **January 12, 2000**

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
		3300 W	
Pres	Robert E. Bates	3300 Wilson Lane	Owensboro, KY 42301
VPres	Priscilla D. Bates	3300 Wilson Lane	Owensboro, KY 42301
Sec	Michelle Payne	110158 Hwy. 144	Philpot, KY 42366
Dir	Rex Rankin III	2708 6th Avenue	Decatur, AL 35603

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:

Michelle Payne **Michelle Payne**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00 **270-683-7517**
Date Daytime Phone #

KE