

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2005 JUL 11 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000002372

1. Corporation Name

National
METROPLEX CORPORATION

2. Principal Office Address

4390 IMESON ROAD

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32219

Country

USA

3. Mailing Office Address

4390 IMESON ROAD

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32219

Country

USA

REINSTATEMENT 99-05

4. Date Incorporated or Qualified
To Do Business in Florida

5/8/1983

5. FEI Number

521-29-6446

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 SOUTH PINE ISLAND

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip 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, F.S.

Signature of
Registered Agent

Barbara A. Burke

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

Date

7-5-05

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
P	JOSEPH CARLIN	4390 IMESON ROAD	JACKSONVILLE, FL 32219
V	WILLIAM BUSH	"	"
S	GARY BEAM	"	"
T	GARY BEAM	"	"
D	RICHARD JAGGERS	"	"
M	KEN REGER	"	"

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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

5/18/05

Date

904-378-7157

Daytime Phone #

CR2E081 (01/05)

7/15/05