

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # F98000005325

1. Corporation Name

METO INC.

Principal Place of Business

Mailing Address

1200 THE AMERICAN RD  
MORRIS PLAINS NJ 07950  
US

~~% ESSELTE CORPORATION~~  
~~71 CLINTON ROAD~~  
~~GARDEN CITY NY 11530~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08086

USA

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State, Zip
1	2	3	4
PC	<del>HOWE, TRAVIS</del> A. Raymond DeZarate	<del>1200 THE AMERICAN ROAD</del> 939 Kilbuff Circle	<del>MORRIS PLAINS NJ 07930</del> West Chester, PA 1938
<del>VOVO</del> Control	<del>O'CONNOR, JOHN J</del> Robert A. Mertzig	<del>71 CLINTON ROAD</del> 101 WOLF DRIVE	<del>GARDEN CITY NY 11530</del> THOROFARE, NJ 08086
<del>VD</del> D	<del>LEONARDI, ALFRED</del> Kevin P. Dowd	<del>1200 THE AMERICAN ROAD</del> 1573 Franklin Lane	<del>MORRIS PLAINS NJ 07930</del> Wayne, PA 19087
D	<del>SWAIN, HANS</del> William J. Reilly Jr.	<del>% ESSELTE OMDH, WESTERWALDSTRASSE</del> 1337 Green Hill Road	<del>D 64008, HEPPENHEIM GERMANY</del> West Chester, PA 19380
SVD	Neil Austin	45 Sturbridge Lane	West Chester, PA 19380
V	H. Craig Burns	17 westgate Circle	Malvern, PA 19355

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NATIONAL REGISTERED AGENTS, INC.  
526 E. PARK AVENUE  
TALLAHASSEE FL 32301

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

NRAI SERVICES INC

526 E. PARK AVENUE

Tallahassee

FL

32301

10. 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

*H. Craig Burns*  
REGISTERED AGENT MUST SIGN

Date

10/24/00

11. 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

KE

SIGNATURE:

*H. Craig Burns*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/00  
Date

Daytime Phone #

FILED  
00 OCT 31 AM 10:51  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



REINSTATEMENT

09/22/1998

5. FEI Number

11-3438261

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED I

200003469682--1

-11/20/00--01021--007

City, State, Zip  
\*\*\*\*750.00 \*\*\*\*750.00