

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 FEB -5 AM 9:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # FOA000000080

1. Corporation Name

Metro Motors Corporation

2. Principal Office Address

2595 N. Orange Blossom Tr.

Suite, Apt. #, etc.

3. Mailing Office Address

2595 N. Orange Blossom Tr.

Suite, Apt. #, etc.

City & State

Kissimmee, FL

Zip

Country

34744

USA

City & State

Kissimmee, FL

Zip

Country

34744

USA

REINSTATEMENT

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

02/04/1999

5. FEI Number

522082707

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

Ronald R. Sheldon

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

2595 North Orange Blossom Trail

Suite, Apt. #, Etc.

City

Kissimmee

State
FL

Zip Code

34744

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]

Date

1/31/01

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
PSD	Ronald R Sheld	3038 Zaharius Dr	Orlando, FL 32837
KTD	William Sanford	12202 Timber Run Ct	Morrovia, MD 21770

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

Date

1/31/01

Daytime Phone #

407 343025

KE

CR2E081 (9/00)