

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY -3 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **699711**

1. Corporation Name

Metro Builders, Inc.

600005462246--3

-05/06/02--01001--022

***2250.00 ***2250.00

2. Principal Office Address

5939 S.W. 16 TERR

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33155

Country

USA

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3-15-84

5. FEI Number

59-2384286

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

RICHARD AGUILAR

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

757 NW 27th Ave, Suite 204

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33125

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

4/1/02

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
Pres.	RAMON ZALDIVAR	445 ALEDO AVE.	Coral Gables, FL 33134
V.P. & Director	VICENTE FERNANDEZ	1815 S.W. 107 AVE. #1708	MIAMI, FL 33165
Sec.	MARIO BRAVO	14250 S.W. 6 PCT.	MIAMI, FL 33183

REINSTATEMENT 92-016

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] Director 3-26-02

(305) 528-4577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

T. Lewis 5/6/02

CR2E081 (9/01)