PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JUL 15 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H 68336

1. Corporation Name

Metro Properties Management, Inc.

Principal Place of Business	Mailing Address
105 East Robinson Street Suite 300 Orlando, FL 32801	105 East Robinson Street Suite 300 Orlando, FL 32801

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

4. Date Incorporated or Qualified To Do Business in Florida: 7/26/85

5. FEI Number: 59-2555276 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City/State/Zip
P	Robert P. Miller	105 East Robinson Street Suite 300	Orlando, FL 32801
T/S	Jay D. Starling	176 Federal Street	Boston, MA 02110

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***1500.75 ***1500.75

REINSTATEMENT 93-98

SC 6-16-98

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Oscar F. Juarez 105 East Robinson Street Suite 300 Orlando, FL 32801	Name: Robert P. Miller Street Address (P.O. Box Number is Not Acceptable): 105 East Robinson Street Suite, Apt. #, Etc.: 300 City: Orlando State: FL Zip Code: 32801

CR2E040 (1/96)

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 _____ Date 5/29/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: _____ 5/29/98 (407) 425-9590

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert P. Miller

Date

Daytime Phone #