


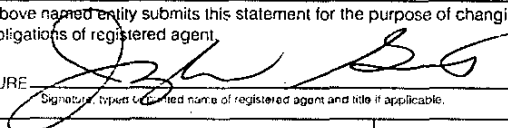
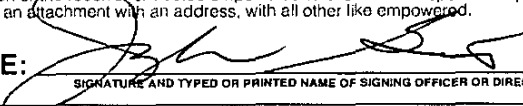
# 2004 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**

05 JAN -4 AM 9:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11222004 REIN-P CR2E098 (6/04)

<b>DOCUMENT # J55160</b>					
1. Entity Name METRO ENGINEERING CONTRACTORS, INC.					
Principal Place of Business P.O. BOX 107 POMPANO BEACH, FL 33061			Mailing Address P.O. BOX 107 POMPANO BEACH, FL 33061		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2771655	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GRANT, JACQUELINE 7221 N.W. 45TH COURT LAUDERHILL, FL 33319			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 			DATE 12/23/04		
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GRANT, JACQUELINE 7221 N.W. 45TH COURT LAUDERHILL, FL 33319	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT; GRANT, LLEWELLYN 7221 N.W. 45TH COURT LAUDERHILL, FL 33319	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700043837697 01/04/05--01002--025 **158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date 12/23/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

**REINSTATEMENT**

*Handwritten signatures and initials*