

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

PS 1 of 6

04 NOV 29 AM 10:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT



10192004 REIN-P CR2E098 (6/04)

4. FEI Number  
59-2831226

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

PICCA, FRANCESCO  
3450 METRO PKWY  
STE 4  
FORT MYERS, FL 33916

## 7. Name and Address of New Registered Agent

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

Signature, typewritten or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2005, Fee will be \$900.00**

## 10. OFFICERS AND DIRECTORS

TITLE P  
NAME PICCA, FRANCESCO  
STREET ADDRESS 3450 METRO PKWY STE 4  
CITY-ST-ZIP FORT MYERS, FL 33916

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/04 239-337-2226

Date

Daytime Phone #

13 2 of 2

3450 Metro Parkway STE 4  
Ft. Myers, FL 33916

Tel: 239-936-5170  
Fax: 239-936-2140

# Metro Diesel Power, Inc

November 19, 2004

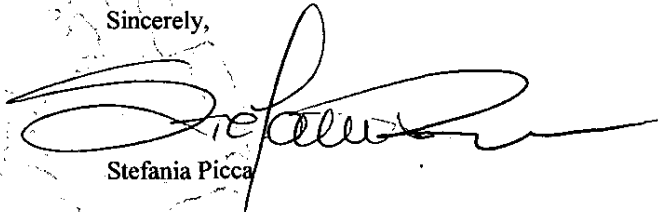
Florida Department of State

P.O. Box 6327  
Tallahassee, FL 32314

Dear Ruby Dunlap:

I received a notice of Dissolution (Ref# J87248). I spoke with an agent at the Division of Corporation and she informed me that the reason that the corporation was dissolved is because the application for renewal was not received. We at Metro Diesel Power, Inc did not receive the application. Your agent was very kind to send me another one. I attached is the application with payment. If you have any questions or concerns, please do not hesitate to call me.

Sincerely,



Stefania Picca

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