

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
JIM SMITH
DIVISION OF CORPORATIONS

74
FILED

02 DEC 19 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000000074

Name and Mailing Address

0000751 01 FP 0.352 **PRSR T3 0 0615 32803-471017



METRO FINISHES, L.L.C.
1517 EAST HILLCREST STREET
ORLANDO FL 32803-4710



| | | | |
|---|-----------------------------------|--|---|
| 2. New Mailing Address City, State, Zip | | 4. State/Country of Formation FL | |
| 3. New Principal Place of Business Address Principal Place of Business 1422 NEW YORK AVENUE ORLANDO FL 32803 City, State, Zip | | 5. Date Organized or Qualified To Do Business in Florida 12/26/2001 | |
| | | 6. FEI Number 60-0002713 | Applied For Not Applicable |
| | | 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |
| 8. Name and Address of Current Registered Agent SMALLEY, WAYNE 1517 E HILLCREST STREET ORLANDO FL 32803 | | 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) REINSTATEMENT 2002 FL Zip Code | |
| 10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent Date 12-17-02 REGISTERED AGENT MUST SIGN | | | |
| 11. Names and Street Addresses of Each Managing Member/Manager | | | |
| Title(s) | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
| MGR | SPEAR, ANDREW J | 1422 NEW YORK AVENUE | ORLANDO FL 32803 |
| MGR | MARKIN, CHARLES M | 1422 NEW YORK AVENUE | ORLANDO FL 32803 |
| | | | 800009332778 12/04/02--01007--004 **150.00 |
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| | | | |
| | | | M THOMAS |

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Date NOV-26-02 Daytime Phone # 321 276 7236