A Ph 6						i	ING THIS/肝 伞 麻		
	PLICAT FOR		FLORI	DA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State		FILED			
REINSTATEMENT DIVISION OF CORPORATIONS						1997 OCT 29 PM 2: 14			
1. Corpora	UMENT Ition Name LCO IN(11102	532	•	•	SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Malling Address						# # # Digg ()		Binis erasi dikir binis sinsi 1981	
C/O FACUNDO T. RODRIGUEZ 227 E. 49TH STREET HIALEAH FL 33013 C/O FACUN 227 E. 49TH HIALEAH FL									
2. New Pri	nclpal Office	incorrect in any way, line t Address, If Applicable	3. New M	alling Office Address, I	To		orated or Qualified ness in Florida	11/17/1987	
Sulte, Apt. #, etc. Sulte, Ap City & State City & St						5. FEI Number 65-0032438		Applied For	
			Zip Zip	Country		6.		Not Applicable 8.75 Additional Fee required	
							E OF STATUS DESIRED	for a Certificate of Status	
7. Names i	and Street Ad	dresses of Each Officer an Name of Officers	d/or Director (I				T		
Title(s)	and/or Directors 2			3 (Do NOT L	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / State / Zip	
D	RODRIGUEZ, FAUNDO T.			227 E. 49TH ST.			HIALEAH FL		
D	FUENTES, RAUL			5095 NW 5TH STREET			MIAMI FL		
ſ						O	0000233	44807 -01116023	
le.							****165.0	0 ****165.00	
								18 papi	
	8. Nam	ne and Address of Curren	t Registered A	gent		9. Name and	Address of New Registere	d Agent	
PORPIGUEZ EACULIDO Y					Name				
RODRIGUEZ, FACUNDO T. 227 E. 49TH STREET HIALEAH FL 33013					Street Address (P.		O. Box Number is Not Acceptable)		
				Suite, Apt. #, Etc.					
	i				City		Ste		
10. I, being Signature o Registered	س) ا	e registered agent of the at	pove named co	rporation, am familiar w	vith and accept the of	oligations of Sect		191	
		ration owes or h Personal Prope			ar Yes	No 🗌		side for information tangible 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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF SIGNING OFFICER OFFICER OFFICER OF SIGNING OFFICER O

Daylime Phone #

1

Aguiar & Company, P.A.

Certified Public Accountants

7600 WEST 20TH AVENUE, SUITE 101 HIALEAH, FLORIDA 33016 (305) 558-8964 FAX (305) 362-0616

October 24, 1997

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

Metalco, Inc.

Ref No.: M62632

Dear Sirs:

This letter is on behalf of our client, the entity referenced above, requesting the reinstatement of the corporation for the following reason:

The entity represents that the 1997 form was not received at their mailing address of 227 E. 49th Street, Hialeah, Florida, 33013. Consequently, they are attaching the Application for Reinstatement received from your office for 1997 with the corresponding check # 1354 for \$165.00 due.

Should you have any questions, please direct them to me at (305) 558-8964.

Thank you for your attention to this matter.

Sincerely,

Alberto M. Aguiar, CPA

Enclosures

Cc: Facundo F. Rodriguez