

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *B135*

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N00000001943**

1. Corporation Name

**PROJET LA METROPOLE/PROJE LA METROPOL INC.**

Principal Place of Business

P.O. BOX 76832  
TAMPA FL 33675

Mailing Address

P.O. BOX 76832  
TAMPA FL 33675

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

**FILED**

04 JUN -1 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** *02-04*



*8/19/02 90146 030 80*  
**200035807582**

*05/10/04--01050--003 \*\*278.75*

4. Date Incorporated or Qualified To Do Business in Florida

**03/24/2000**

5. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75** Additional Fee required for a Certificate of Status

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

| Title(s)<br>1 | Name of Officers and/or Directors<br>2 | Street Address of Each Officer and/or Director<br>3 | City / State / Zip<br>4 |
|---------------|--|---|-------------------------|
| STD           | BROS, EMMANUEL                         | 4711 APT. 705 W. WATERS AVE                         | TAMPA FL 33614          |
| D             | OBIN, DIEUFILS                         | 1212 24TH AVE.                                      | TAMPA FL 33605          |
| CEOS          | BROS, BERNARD H                        | 11824 HICKORY NUT DR                                | TAMPA FL 33625          |
| D             | JACQUES, FRITZ                         | 1723 APT. B W PALMETTO ST                           | TAMPA FL 33607          |
| D             | ODOLPHE, GEL                           | 2718 W. STATE ST                                    | TAMPA FL 33609          |
| D             | LAMOUR, MICHEL                         | 1018 LONGSHOREMANS APT. C51                         | TAMPA FL 33605          |

8. Name and Address of Current Registered Agent

**BROS, BERNARD H MR**  
**11824 HICKORY NUT DR.**  
**TAMPA FL 33625**

9. Name and Address of New Registered Agent

Name

**BROS, JUDITH B.**

Street Address (P.O. Box Number is Not Acceptable)

**11824 HICKORY NUT DR.**

Suite, Apt. #, Etc.

City

**TAMPA**

State

**FL**

Zip Code

**33625**

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. or 617.0505, F.S.

Signature of Registered Agent

**SIGNATURE REQUIRED**  
*Judith B. Bros*  
REGISTERED AGENT MUST SIGN

Date

**05-03-04**

11. 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:

**SIGNATURE REQUIRED**  
*Judith B. Bros*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

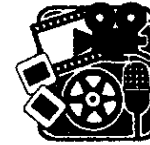
**05-03-04**

Daytime Phone #

11 2 7 5



**PROJET LA METROPOLE  
THE METROPOLE PROJECT  
PROJE LA METROPOL**



**P.O. BOX 76832 TAMPA FL 33675**

**MEN NAN MEN KOUD AK KOUD NA RIVE PI DEVAN**

**LIST OF CURRENT MEMBERS**

| <b>Title (s)</b> | <b>N. of Offrs. and/or Ditr.</b> | <b>Street address</b>       | <b>City/St/Zip</b> |
|------------------|----------------------------------|-----------------------------|--------------------|
| STD              | Bros, Emmanuel                   | 4711 Apt 705 W. Waters Blvd | Tampa FL 33614     |
| CEO              | Bros, Judith B.                  | 11824 Hickorynut Dr.        | Tampa FL 33625     |
| D                | Jacques, Fritz                   | 1723 Apt. B W. Palmetto St. | Tampa FL 33607     |
| D                | Lamour, Michel                   | 1018 Longshoremans Apt.C51  | Tampa FL 33605     |
| D                | Zimmering, Kettly                | 10613 Willobrae Dr.         | Tampa FL 33624     |
| D                | Bourdeau, Marie                  | 10004 Oaken gate Pl.        | Tampa FL 33624     |
| D                | Bros, Bernard H.                 | 11824 Hickorynut Dr.        | Tampa FL 33625     |
| D                | Theodate, Nelly                  | 10613 Willobrae Dr.         | Tampa FL 33624     |
| D                | Harden, Dwight                   | 2516 Baker St.              | Lutz FL 33511      |

Tampa May 3, 2004

**Application for Recognition of Exemption  
Under Section 501(c)(3) of the Internal Revenue Code**

03575  
OMB No. 1545-0056

**Note:** If exempt status is approved, this application will be open for public inspection.

Read the instructions for each Part carefully.

**A User Fee must be attached to this application.**

If the required information and appropriate documents are not submitted along with Form 8718 (with payment of the appropriate user fee), the application may be returned to you.

**Complete the Procedural Checklist on page 8 of the instructions.**

**Part I Identification of Applicant**

|   |            |  |
|---|------------|--|
| <b>1a</b> Full name of organization (as shown in organizing document)<br>Projet La Metropole/The Metropole Project  |            | <b>2</b> Employer identification number (EIN)<br>(If none, see page 3 of the <b>Specific Instructions</b> .)<br>CS-4 enclosed  |
| <b>1b</b> c/o Name (if applicable)  |            | <b>3</b> Name and telephone number of person to be contacted if additional information is needed<br><br>( )  |
| <b>1c</b> Address (number and street)<br>P.O. Box 76832   | Room/Suite |  |
| <b>1d</b> City, town, or post office, state, and ZIP + 4. If you have a foreign address, see <b>Specific Instructions</b> for Part I, page 3.<br>Tampa FL 33675                                       |            | <b>4</b> Month the annual accounting period ends   |
| <b>1e</b> Web site address  |            | <b>5</b> Date incorporated or formed<br>March 24, 2000   |
| <b>7</b> Did the organization previously apply for recognition of exemption under this Code section or under any other section of the Code?<br>If "Yes," attach an explanation.                       |            | <b>6</b> Check here if applying under section:<br>a <input checked="" type="checkbox"/> 501(e) b <input type="checkbox"/> 501(f) c <input type="checkbox"/> 501(k) d <input type="checkbox"/> 501(n) |
| <b>8</b> Is the organization required to file Form 990 (or Form 990-EZ)?<br>If "No," attach an explanation (see page 3 of the <b>Specific Instructions</b> ).   |            | <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| <b>9</b> Has the organization filed Federal income tax returns or exempt organization information returns?<br>If "Yes," state the form numbers, years filed, and Internal Revenue office where filed. |            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |

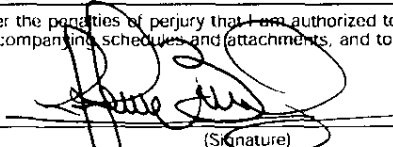
**10** Check the box for the type of organization. ATTACH A CONFORMED COPY OF THE CORRESPONDING ORGANIZING DOCUMENTS TO THE APPLICATION BEFORE MAILING. (See **Specific Instructions** for Part I, Line 10, on page 3.) See also Pub. 557 for examples of organizational documents.)

- a ☒ Corporation—Attach a copy of the Articles of Incorporation (including amendments and restatements) showing approval by the appropriate state official; also include a copy of the bylaws.
- b ☐ Trust—Attach a copy of the Trust Indenture or Agreement, including all appropriate signatures and dates.
- c ☐ Association—Attach a copy of the Articles of Association, Constitution, or other creating document, with a declaration (see instructions) or other evidence the organization was formed by adoption of the document by more than one person; also include a copy of the bylaws.

If the organization is a corporation or an unincorporated association that has not yet adopted bylaws, check here ☐

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, including the accompanying schedules and attachments, and to the best of my knowledge it is true, correct, and complete.

Please  
Sign  
Here

  
(Signature)

Bernard H Bros, Genl Secretary 01-12-01  
(Type or print name and title or authority of signer) (Date)

PS 485

Form **8718**  
(Rev. January 1998)  
Department of the Treasury  
Internal Revenue Service

# **User Fee for Exempt Organization Determination Letter Request** ▶ Attach this form to determination letter application. (Form 8718 is NOT a determination letter application.)

For IRS Use Only

Control number \_\_\_\_\_  
Amount paid \_\_\_\_\_  
User fee screener \_\_\_\_\_

|                        |                                  |
|------------------------|----------------------------------|
| 1 Name of organization | 2 Employer Identification Number |
|------------------------|----------------------------------|

**Caution:** Do not attach Form 8718 to an application for a pension plan determination letter. Use Form 8717 instead.

| 3 Type of request  | Fee   |
|--|-------|
| a <input type="checkbox"/> Initial request for a determination letter for: <ul style="list-style-type: none"> <li>• An exempt organization that has had annual gross receipts averaging not more than \$10,000 during the preceding 4 years, or</li> <li>• A new organization that anticipates gross receipts averaging not more than \$10,000 during its first 4 years ▶</li> </ul> <p><b>Note:</b> If you checked box 3a, you must complete the Certification below.</p> | \$150 |

## **Certification**

I certify that the annual gross receipts of \_\_\_\_\_  
name of organization

have averaged (or are expected to average) not more than \$10,000 during the preceding 4 (or the first 4) years of operation.

Signature ▶ \_\_\_\_\_ Title ▶ **Bernard H. Bros CEO**

|  |       |
|--|-------|
| b <input type="checkbox"/> Initial request for a determination letter for: <ul style="list-style-type: none"> <li>• An exempt organization that has had annual gross receipts averaging more than \$10,000 during the preceding 4 years, or</li> <li>• A new organization that anticipates gross receipts averaging more than \$10,000 during its first 4 years . ▶</li> </ul> | \$500 |
| c <input checked="" type="checkbox"/> Group exemption letters  | \$500 |

## **Instructions**

The law requires payment of a user fee with each application for a determination letter. The user fees are listed on line 3 above. For more information, see Rev. Proc. 98-8, 1998-1, I.R.B. 225.

Check the box on line 3 for the type of application you are submitting. If you check box 3a, you must complete and sign the certification statement that appears under line 3a.

Attach to Form 8718 a check or money order payable to the Internal Revenue Service for the full amount of the user fee. If you do not include the full amount, your application will be returned. Attach Form 8718 to your determination letter application.

Send the determination letter application and Form 8718 to:  
Internal Revenue Service  
P.O. Box 192  
Covington, KY 41012-0192

If you are using express mail or a delivery service, send the application and Form 8718 to:

Internal Revenue Service  
201 West Rivercenter Blvd.  
Attn: Extracting Stop 312  
Covington, KY 41011

Attach Check or Money Order Here





**PROJET LA METROPOLE  
THE METROPOLE PROJECT  
PROJE LA METROPOL**



**P.O. BOX 76832 TAMPA FL 33675**

**MEN NAN MEN KOUD AK KOUD NA RIVE PI DEVAN**

Tampa May. 3, 2004

Florida State Department Of State  
Division of Corporations  
Attn: Annual Report / Reinstatement Section

To Whom It May Concern:

After a telephonic conversation with a specialist from the State Department of State, we would like to submit the enclosed application for reinstatement. Please find herewith a money order of the amount of U.S. \$278.75 representing the past dues and actual fee for the procedures of reinstatement.

Meanwhile, the Committee in Charge of the economical policy within our Organization is currently working to have the complete package for the IRS (forms 1023 and 8718) and the fee of U.S. \$ 500.00 in a timely basis for the application and acceptance of Recognition of Exemption under Section 501 (c) (3) of the Internal Revenue Code.

Also, we would like to solicit, from the reinstatement Section of the Corporation Division of the State of Florida Department of State, the authorization to resume our activities in the State.

With our anticipated thanks for the positive reply that will be given to our request. Please accept our distinguished salutations.

For the Metropole Project / Projet la Metropole

*Judith B. Bros*

Judith B. Bros  
President

Enclosure: