

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN -1 AM 11:13

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16011

1. Corporation Name
Metropolitan 5-A Condominium Association, Inc.

2. Principal Office Address 1624 Metropolitan Circle 3. Mailing Office Address 1624 Metropolitan Circle

Suite, Apt. #, etc. Suite, Apt. #, etc.
B

City & State City & State
Tallahassee, FL Tallahassee, FL

Zip Country Zip Country
32308 Leon 32308 Leon

REINSTATEMENT 97-01

4. Date Incorporated or Qualified To Do Business in Florida 09/16/86 **SP**

5. FEI Number 59-3187358 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name West, Andrea
Street Address (P.O. Box Number is Not Acceptable) 1624 Metropolitan Circle 700004432877-4
Suite, Apt. #, Etc. B -06/20/01--01069--085
City Tallahassee State FL Zip Code 32308 ****430.00 ****430.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Andrea West Date 5/30/01
REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VD	Bevan, Laura A.	1624 Metropolitan Cr., Ste B	Tallahassee, FL 32308
DS	Calhoun, Lynda E	P.O. Box 4255	Tallahassee, FL 32315
PD	Smith, W.L. Jr.	P.O. Box 4255	Tallahassee, FL 32315
DT	West, Andrea S.	1624 Metropolitan Cr., Ste. B	Tallahassee, FL 32308

10. 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: Andrea West - Andrea West Date 5/30/01 Daytime Phone # (850)386-3435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/00)