

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000015866

1. Corporation Name

METRO AIR OF FLORIDA, INC.

Principal Place of Business

Mailing Address

C/O BRUCE LEE URICIOLO
2808 SMITHFIELD DR.
ORLANDO FL 32837

C/O BRUCE LEE URICIOLO
2808 SMITHFIELD DR.
ORLANDO FL 32837

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

4. Date Incorporated or Qualified
To Do Business in Florida

02/09/2000

5. FEI Number

59-3622008

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	URICIOLO, BRUCE LEE	2808 SMITH FIELD DR.	ORLANDO FL 32837

100023750451
10/13/03--01064--017 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

URICIOLO, BRUCE LEE
2808 SMITHFIELD DR.
ORLANDO FL 32837

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Date

REGISTERED AGENT MUST SIGN

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:

Bruce Lee Uricolo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-8-03 407 908-9486

CR2E040 (7/03)

Metro Air of Florida, inc.

2808 Smithfield Drive

Orlando, FL 32837

407-438-7979

Fax 407-857-2057



10-9-03

To whom it may concern:

Last year the same thing happened. I did not receive any application. I'm not sure what is the problem. However here is my payment of \$150.00. Any questions please call 407-908-9486.

Thank you
Lu Vucob
President