

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
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

03 OCT 23 AM 8:09

DOCUMENT # **P00000091570**

1. Corporation Name

METROPOL SECURITY, INC.

REINSTATEMENT 03

Principal Place of Business

Mailing Address

1771 HAMMOCK BLVD.
 COCONUT CREEK FL 33063

1771 HAMMOCK BLVD.
 COCONUT CREEK FL 33063



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
2530 N. POWERLINE RD.

3. New Mailing Office Address, If Applicable
2530 N. POWERLINE RD.

4. Date Incorporated or Qualified To Do Business In Florida
09/25/2000

Suite, Apt. #, etc.
SUITE 404

Suite, Apt. #, etc.
SUITE 404

5. FEI Number
65-1052492

City & State
POMPANO BEACH, FL.

City & State
POMPANO BEACH, FL.

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

Zip
33069

Country
USA

Zip
33069

Country
U.S.A.

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	CARTE, ILENE P	4711 HAMMOCK BLVD	POMPANO BEACH FL 33063
D	CARTE, RICHARD D	4711 HAMMOCK BLVD	POMPANO BEACH FL 33063
D	CARTE, ILENE P	1702 ANDROS ISLE-D1	COCONUT CK, FL. 33066
D	CARTE, RICHARD D	1702 ANDROS ISLE-D1	COCONUT CREEK, FL. 33066

100024390801
 11/03/03--01105--016 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CARTE, ILENE
 1711 HAMMOCK BLVD.
 COCONUT CREEK FL 33063

Name
ILENE CARTE
 Street Address (P.O. Box Number is Not Acceptable)
1702 ANDROS ISLE
 Suite, Apt. #, Etc.
APT-D-1
 City
COCONUT CREEK State **FL** Zip Code **33066**

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

Richard D. Carte
SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date **10/20/03**

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:

Richard D. Carte
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

954-294-7479

10/20/03

CR2040 (7/03)

METROPOL SECURITY, INC.
2530 N. POWERLINE RD. – STE 404
POMPANO BEACH, FL. 33069
VOICE #954-979-4889 CELL #954-294-7479 FAX #954-935-0853
E-MAIL – METROPOLSEC@AOL.COM

October 20, 2003

Florida Dept. of State
Glenda E. Hood
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Re: Document #P00000091570

Dear Ms. Hood:

We did not receive the Annual Report for 2003. Enclosed please find check in the amount of \$150.00.

Very truly yours,
Metropol Security, Inc.



Ilene Carte
Director

IC:sw
Enc.-2