### PLEASE READ-ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



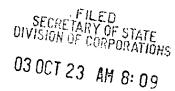
### FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

**DIVISION OF CORPORATIONS** 

#### P00000091570 **DOCUMENT #**

1. Corporation Name



METROPOL SECURITY, INC.					REINSTATEMENT 03			
Principal Place of Business Malling Addr			ess					
1771 HAMMOCK BLVD. 1771 HAMMO COCONUT CREEK FL 33063 COCONUT CR		OCK BLVD. REEK FL 33063						
	ddresses are incorrect in any way, line thr						mes	)
2. New Principal Office Address, If Applicable 3. New Maili A 5 30 N. POWERLINE KD. 2530			ing Office Address, If Applicable			orated or Qualified ness in Florida	09/25/2000	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 404 Suite 404 Suite 404					5. FEI Number	r		plied For
City's State POMPANO BEACH, FL. POMPANO			P - 2 11 51			CE_40E9409		t Applicable
FOM!	PANO DEACH, Thi	Zip On	DEACH; F	-L,	6.		S8.75 Additiona	
Zip 3300	69 GBA	3300	9 U.S	A.	CERTIFICATE	OF STATUS DESIRED	for a Certifica	te of Status
7. Names a	and Street Addresses of Each Officer and/	or Director (Flo	rida nonprofit corpora	tions must list at lea	ast 3 directors)	1		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director			City / State / Zip			
<b>D</b>	<del>-Carte, Ilene P</del>	4741-HAMMOCK BLVD			POMPANO BEACH FL 33063			
·D	-CARTE, RICHARD D	1711 HAMMOCK-BEVD			POMPANO BEACH FL 33063			
D	CARTE, ILEN	1702 ANDROSISLE-DI			COCONUT CK, FL. 33066			
D	CARTE, LICHAR	1702 ANDROS ISLE-DI		COCONUT CK, FL. 33066 COCONUT CREEK, FJ3066				
						002439		
(					117037)	<del>03011050</del> 	ib **I5U.U	U
-8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent				
CARTE, ILENE 1711 HAMMOCK BLVD.				Street Address (P.O. Box Number is Not Acceptable)				
COCOI	NUT CREEK FL 33063			Suite, Apt. # Étc.	D-1		State Zip Code	
10. I, being	appointed the registered agent of the abo	ve named corpo	oration, am familiar wi	th and accept the ol	LKEEK bligations of Secti		<b>FL</b>   <u>3306</u> 817.0505, F.S.	8
Signature o Registered	Agent Y WW SY WW	ZURE	E REQU	IRED	·	Date 10/2-0	103	

**SIGNATURE:** 

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 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.

# 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