

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1952

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV -5 PM 3: 36

DOCUMENT # P01000002934

1. Corporation Name

METAMORPHECISE, INC.

Principal Place of Business

1500 NW 113 WAY
PEMBROKE PINES FL 33026

Mailing Address

1500 NW 113 WAY
PEMBROKE PINES FL 33026

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/09/2001

5. FEI Number

65-1069064

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
Director	LISA DWOSKIN	1500 NW 113 WAY	PEMBROKE PINES, FLA 33026
			6000008814786
			11/06/02--01001--002 **158.75
			11/06/02--01001--002 **158.75

8. Name and Address of Current Registered Agent

KLEIN, MARK H ESQ
1424 S ANDREWS AVE, STE 100
FT LAUDERDALE FL 33316

9. Name and Address of New Registered Agent

Name MARK H. KLEIN, ESQ
Street Address (P.O. Box Number is Not Acceptable)
7771 WEST OAKLAND PARK BLVD
Suite, Apt. #, Etc.
122
City SUNRISE
State FL Zip Code 33351

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

Mark H. Klein

REGISTERED AGENT MUST SIGN

Date

10/22/02

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 REQUESTED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/02 (954) 450-5535

CR2E040 (8/02)

Foley
11/5/02
1:20

Law Offices
BRAWER, KLEIN & MANDELL, LLP
7771 West Oakland Park Boulevard
Atrium West Building, Suite 122
Sunrise, Florida 33351

MARC H. BRAWER
Admitted to Florida and New York Bars
Fellow of American Academy of Matrimonial Lawyers
Board Certified in Marital and Family Law
Certified Family Mediator
MARK H. KLEIN
Certified Family Mediator
HOLLIS E. MANDELL

954/749-0066, telephone
954/572-0327, facsimile

Of Counsel
JUDITH A. HOMKO
RICHARD D. SEAY

November 4, 2002

Via Federal Express Delivery

Corporate Access, Inc.
ATTN: GLENDA
236 East 6th Avenue
Tallahassee, FL 32303

Re: Metamorphecise, Inc.

Dear Glenda:


Pursuant to our recent telephone conversation, enclosed is an Application for Reinstatement for the above-referenced entity. As we discussed, our client never received any notice of her annual dues being due. As a matter of fact, the Certificate of Administrative Dissolution or Revocation was the first notice our client received from the Secretary of State regarding the above entity.

Therefore, pursuant to our recent telephone conversation, enclosed is a check in the amount of \$158.75 payable to the Secretary of State (\$150.00 for the reinstatement fee, rather than the normal \$750.00 reinstatement fee, due to our client not receiving previous notice of her annual dues, plus \$8.75 for a Certificate of Good Standing). Also enclosed is a check in the amount of \$25.00 payable to Corporate Access for your fee in handling this Reinstatement.

Please provide the Certificate of Good Standing directly to our office (a return Federal Express bill is enclosed) and we will forward same to our client.

Thank you for your assistance in this matter.

Sincerely,


Sandra K. Geer, Assistant to
MARK H. KLEIN, ESQUIRE

Enclosures

cc: Client

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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