	PLEASE READ /	ALL INSTRUCT	IONS BEFORE C	OMPLETI		) F F-	
				FILED			
COF REIN	PACHATION STATEMENT OF THE NEW PACHATION	Secreta	TMENT OF STATE by of State		03 SEP 2		
7003			ION OF CORPORATIONS		SLORETARY DE STATE TALLAHASSEE, FLORIDA		
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MET	nofoles anoul	CORP.					
		<b></b>		1000	23316341		
2. Principa 14 S Suite, Apt. #	al Office Address  E. FLACUEL ST. #, etc.	3. Mailing Office Addre	LAGUER ST.	09-25-	.03 0(UP80	or the	50-UU
SUITE 19 SU			19		orated or Qualified ness in Florida		
	AMI, FL	City & State  MIAMI	FL	<b>5.</b> FEI Number 52 - 2	299212		ed For Applicable
<b>2</b> ip 33	(31 Country VSA	<sup>zip</sup> 33131	Country VSA	6. CERTIFICATE		5 Additional F or a Certificate	
7. Name and Address of Current Registered Agent							
	Name VANESSA LIMA				00023316 5/030100800	341 <del>1-**15</del> )	. 00
	Street Address (P.O. Box Number is Not Acceptable) 145 E. FLAC-LER ST.						
	Suite, Apt. #, Etc. SUI TE 19						
	City MIAMI				State Zip Code 3313	1	
8. I, being	appointed the registered agent of the abor-	ve named corporation, am	familiar with and accept the ol	bligations of section	on 607.0505 or 617.0503, F.S.		
Signature of Registered	Agent	GISTERED AGENT MUS	T SIGN		Date		<u></u>
9. Names	and Street Addresses of Each Officer and	Vor Director (Florida nonpr	ofit corporations must list at le	ast 3 directors)			
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip		
PTD	VANESSA LIMA I		145 E. FLAGUER ST. #19		MIAMI, FL 33/31		131
	D VANESSA LIMA 145 E FLACIER ST. #19 MIAMI, FC						
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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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

This letter is to serve as explanation as to why Metropoles Group Corp., EIN #: 52-2299212 did not file its 2003 Annual Report. We did not receive the 2003 Uniform Business Report notice. Please find enclosed our check in the amount of \$150.00 for our 2003 Annual Report. We sincerely apologize for any inconvenience this delay may cause, and hope you will waive all late charges. Thank you in advance for your consideration.

Milma

President

Metropoles Group Corp. 145 E. Flagler St. – Suite 19 Miami, FL 33131