

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

03 MAY 20 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000037186

**1. Corporation Name**

THE METROPOLITAN 1601, INC.

*[Handwritten signature]*

100020430151  
06/04/03--01003--018 \*\*908.75

**2. Principal Office Address**

888 Brickell Avenue

Suite, Apt. #, etc.

Fifth Floor

City & State

Miami, FL

Zip

33131

Country

U.S.A.

**3. Mailing Office Address**

888 Brickell Avenue

Suite, Apt. #, etc.

Fifth Floor

City & State

Miami, FL

Zip

33131

Country

U.S.A.

**REINSTATEMENT 02-03**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

April 12, 2001

**5. FEI Number**

65-1108476

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Juan Vicente Urdaneta

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

888 Brickell Avenue

Suite, Apt. #, Etc.

Fifth Floor

City

Miami

State

FL

Zip Code

33131

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*[Handwritten signature]*

REGISTERED AGENT MUST SIGN

Date 05/20/03

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Cruz, Fanny	888 Brickell Avenue, 5th Floor	Miami, FL 33131
D	Sportiello, Michelle	888 Brickell Avenue, 5th Floor	Miami, FL 33131
D	Sportiello-Cruz, Antonio Luis	888 Brickell Avenue, 5th Floor	Miami, FL 33131
D	Sportiello-Cruz, Veronica Lucia	888 Brickell Avenue, 5th Floor	Miami, FL 33131

**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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten signature]*

Date

5/19/2003

(305) 358-0028

Daytime Phone #

CR2E081 (10/02)