

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 29 AM 10:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000090186

1. Corporation Name

METRO CARE MEDIA, INC.

Principal Place of Business

P. O. BOX 812679  
BOCA RATON FL 33481

Mailing Address

P. O. BOX 812679  
BOCA RATON FL 33481

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

09/10/2001

5. FEI Number

65-1142111

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PVST	Arline Gladstone P.O. Box 812679 Boca Raton, FL 33481		

200008644602  
10/29/02-01037-019 \*\*150.00

8. Name and Address of Current Registered Agent

GLADSTONE, ARLINE  
1550 N. FEDERAL HWY.  
DELRAY BCH FL 33483

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/02

Date

Daytime Phone #

CR2E040 (8/02)



**Elizabeth A. Wilsman, P.A.**  
Certified Public Accountant

Member AICPA  
Member FICPA

October 22, 2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32314

RE: Metro-Care Media, Inc. Corporate Annual Report  
#P01000090186

Dear Sir or Madam:

Our office files the Corporation Annual Reports for Metro-Care Media, Inc. After our client received the Certificate of Dissolution dated October 4, 2002, we reviewed our records and found that the client never received the First or Second Notices.

We are therefore enclosing the completed Corporation Annual Report, and a check for the amount of \$150.00. We respectfully request that you process this report as soon as possible.

We apologize for the inconvenience this may have caused your office and our client.

Respectfully yours,



Elizabeth A. Wilsman  
Certified Public Accountant  
Encl.  
CC: Metro-Care Media, Inc.