

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 28 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000021630

1. Corporation Name

METART, INC.

11851 SW 18TH STREET

11851 SW 18TH STREET

2. Principal Office Address

11851 SW 18TH STREET

3. Mailing Office Address

11851 SW 18TH STREET

Suite, Apt. #, etc.

SUITE 2

Suite, Apt. #, etc.

SUITE 2

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33175

Country

Zip

33175

Country

4. Date Incorporated or Qualified

To Do Business in Florida 02/25/2002

5. FEI Number

20-1799452

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

MAYRA PORRO

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

11851 SW 18TH STREET

Suite, Apt. #, Etc.

SUITE 2

City

MIAMI

State

FL

Zip Code

33175

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

REGISTERED AGENT MUST SIGN

Date 10-27-2004

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
PD	PORRO, MAYRA	11851 SW 18TH STREET STE 2	MIAMI FL 33175
			2000042292802 10/28/04--01068--005 **500.00
			2000042292802 10/28/04--01068--006 **400.00

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

MAYRA PORRO

10-27-2004

Date

Daytime Phone #

CR2E081 (01/04)