

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -9 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 02000093500

1. Corporation Name

METRO FLORIDA MANAGEMENT, INC

2. Principal Office Address

1503 TURKEY GREEK ROAD

Suite, Apt. #, etc.

City & State

PLANT CITY, FL

Zip

33567

Country

U.S.A.

3. Mailing Office Address

1503 TURKEY GREEK ROAD

Suite, Apt. #, etc.

City & State

PLANT CITY, FL

Zip

33567

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

8/26/2002

5. FEI Number

73-1657087

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

CHEUNG BUN CHAU

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

1503 TURKEY GREEK ROAD

Suite, Apt. #, Etc.

City

PLANT CITY

State

FL

Zip Code

33567

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of

Registered Agent

X *Cheung Bun Chau*
REGISTERED AGENT MUST SIGN

Date **10/3/2003**

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 |
|-----------|--------------------------------------|---|----------------------|
| President | CHEUNG BUN CHAU | 1503 TURKEY GREEK ROAD | PLANT CITY, FL 33567 |
| Secretary | CHEUNG BUN CHAU | 1503 TURKEY GREEK ROAD | PLANT CITY, FL 33567 |
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REINSTATEMENT 03 TS

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 807.0401 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:

X *Cheung Bun Chau* PRESIDENT

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/3/2003

Date

(813) 708-6888

Daytime Phone #