

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -7 PM 3:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000102413**

1. Corporation Name

**METRO DESIGN AND INVESTMENTS INC.**

Principal Place of Business

18315 NW 6TH CT  
PEMBROKE PINES FL 33029-3580

Mailing Address

18315 NW 6TH CT  
PEMBROKE PINES FL 33029-3580

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

09/23/2002

5. FEI Number

90-0066021

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	METRO, PETER	18315 NW 6TH CT	PEMBROKE PINES FL 33029

8. Name and Address of Current Registered Agent

METRO, PETER  
18315 NW 6TH CT  
PEMBROKE PINES FL 33029-3580

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

CR2E040 (7/03)

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

*Peter Metro*  
**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

10-3-03

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:

*Peter Metro*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-3-03

Date

Daytime Phone #

Nov 4, 2003

To Whom it may concern,

I Metro Design AND Investments, Don't  
receive a Reject letter to make  
the proper corrections, to mail  
back in time. Please waive the  
\$600 Reinstatement Fee. We've been  
having trouble with are mail

P.S. heres a copy of  
the check the state cashed

Yours Truly  
Peter Metro