

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO2000122102**

1. Corporation Name

METCO Spectatres Incorporated

2. Principal Office Address

7932 Sasser Lane

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32526

Country

U-S

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11-15-02

5. FEI Number

05-0539745

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

Susan L. Thompson

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

7932 Sasser Lane

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32526

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

Susan L. Thompson

REGISTERED AGENT MUST SIGN

Date

6-1-04

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
Pres	Susan L. Thompson	7932 Sasser Lane	Pensacola, FL 32526
Off.	Justin G. Thompson	2379 Deerwood Rd	Pensacola, FL 32561

600037671206
06/04/04--01059--007 **300.00

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:

Susan L. Thompson
Susan L. Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-1-04

Date

850 944-7722

Daytime Phone #

CR2E081 (07/04)

METCO Specialties Inc.

7932 Sasser Lane
Pensacola, Florida 32526
Wk: 850-944-7772
Fax: 850-944-8984

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June 1, 2004

Re: Corporation Filing

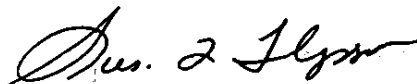
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern,

I am submitting this application for reinstatement of our corporation. We never received our corporate filing papers. When we called after finding out, we were delinquent. We were told to type a letter explaining we never received the filing package. With that send, \$350.00 and it would be reinstated. We called again to see why our check had never cleared. We were told the wrong information was given. They have no record of my check. We were told this time to download the reinstatement form I have attached and send a check for \$300.00.

Please call if anything else is needed to reinstate this corporation. The corporation has been dissolved according to the online report. Your help in this matter is needed as soon as possible.

Sincerely,



Susan L. Thompson
President