

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAY 21 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # p03000097243

1. Corporation Name

Alan Metni Holdings, Inc

2. Principal Office Address - No P.O. Box #

9807 Westminster Glen Ave

3. Mailing Office Address

po box 200969

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Austin, TX

City & State

Austin, TX

Zip

78730

Country

USA

Zip

78720

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

Sept. 05, 2003

5. FEI Number
200212833

☐ 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

Elroy McConnell

Street Address (P.O. Box Number is Not Acceptable)
1212 Water Hickory Crt

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32825

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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**

Date 04/01/09

REGISTERED AGENT MUST SIGN

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
MGRM	Alan Metni	9807 Westminster Glen Ave	Austin, TX 78730

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 contained in Chapter 119, 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:

N Alan Metni

04/01/09

512-674-9203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/09