


2003 FOR PROFIT CORPORATION REINSTATEMENT

| | | | | | |
|--|---|---------------------------|--|---|--|
| DOCUMENT # P04000086744 | | | |  | |
| 1. Entity Name METROPOLITAN CUSTOM FRAMING & ART, INC. | | | | | |
| Principal Place of Business 46 E. GRANADA BLVD ORMOND BEACH, FL 32176 | | | Mailing Address 46 E. GRANADA BLVD ORMOND BEACH, FL 32176 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required. | |
| 6. Name and Address of Current Registered Agent RIZZO, TERESA M 56 ETHAN ALLEN DR PALM COAST, FL 32164 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00 | | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P, S RIZZO, TERESA M 56 ETHAN ALLEN DRIVE PALM COAST, FL 32135 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 300060364703 10/27/05--01031--007 **150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T RIZZO, JOSEPH A 56 ETHAN ALLEN DRIVE PALM COAST, FL 32135 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Addition | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE _____ | | | 10-21-05 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |

FILED

05 OCT 27 PM 12: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

