

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000161555

1. Entity Name
NATIONAL METALS CORPORATION

Principal Place of Business

~~1005 W STATE RD 7 #118~~
~~FT LAUDERDALE, FL 33315~~

Mailing Address

~~1005 W STATE RD 7 #118~~
~~FT LAUDERDALE, FL 33315~~

2. Principal Place of Business

1005 W. State Rd 84
Suite, Apt. #, etc. 118

3. Mailing Address

1005 W State Rd 84
Suite, Apt. #, etc. 118

City & State

Ft. Lauderdale
Zip 33315 Country USA

City & State

Ft. Lauderdale
Zip 33315 Country USA

11092005

REIN-P

CR2E098 (6/04)

4. FEI Number

20-1991772

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FIGUEROA, JOSE A

~~1005 W STATE RD 7 #118~~
~~FT LAUDERDALE, FL 33315~~

7. Name and Address of New Registered Agent

Name

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

1005 W. State Rd 84

118

City

Ft. Lauderdale

FL

Zip Code 33315

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/8/05

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

TITLE D ☐ Delete
NAME FIGUEROA, JOSE A
STREET ADDRESS ~~1005 W STATE RD 7 #118~~
CITY-ST-ZIP ~~FT LAUDERDALE, FL 33315~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11'

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1005 W. State Rd 84
CITY-ST-ZIP Ft. Lauderdale, Fla. 33315

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 200062449312
CITY-ST-ZIP 12/28/05--01058--023 **\$150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/8/05

M. Williams DEC 15 2005

FILED
05 DEC 15 PH 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

