


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000043515		
1. Entity Name METRATON ENTERPRISES GROUP CORP.		

FILED
07 JAN 22 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 12701 SW 27 STREET MIAMI, FL 33175	Mailing Address 12701 SW 27 STREET MIAMI, FL 33175
--	--



2. Principal Place of Business - No P.O. Box # 7602 SW 187 ST	3. Mailing Address 7602 SW 187 ST
Suite, Apt. #, etc. FL	Suite, Apt. #, etc.

01192007 REIN-P CR2E098 (1/07)

City & State MIAMI FL	City & State MIAMI FL	4. FEI Number 55-0902439	Applied For <input type="checkbox"/> Not Applicable
Zip 33157	Country US	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ESTEVEZ, ROBERT 12701 SW 27 STREET MIAMI, FL 33175
--

7. Name and Address of New Registered Agent Name Robert Estevez Street Address (P.O. Box Number is Not Acceptable) 7602 SW 187 ST City MIAMI FL Zip Code 33157
--

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 Robert Estevez <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 1-19-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$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 ESTEVEZ, ROBERT 12701 SW 27 STREET MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address only change <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7602 SW 187 ST. MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700086469147 01/30/07--01004--002 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Robert Estevez <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 1-19-07 DAYTIME PHONE # 786 302-9912