

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAR 26 PM 2:57

DOCUMENT # P-05000123807

1. Corporation Name

Metropolitan management corp

700121354417  
03/26/08--01037--015 \*\*450.00

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

5722 S. FLAMINGO RD

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

5722 S. FLAMINGO RD

Suite, Apt. #, etc.

City & State

Zip

Country

RD

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

20-3473337

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

Doreen YALOW

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

5722 S. FLAMINGO RD

Suite, Apt. #, Etc.

APT #3B

City

COOPER CITY

State

FL

Zip Code

33330

☒ 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

REGISTERED AGENT MUST SIGN

Date 3-21-08

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	mer YALOW	5722 S. FLAMINGO RD	COOPER CITY FL 33330
SEC	Doreen YALOW	5722 S. FLAMINGO RD	COOPER CITY FL 33330

REINSTATEMENT

06-08 3/27/08

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Doreen YALOW

Date

3-22-08

Daytime Phone #

954 650-0755