## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P07000124034

Entity Name: METROPOLIS SERVICES, INC

FILED Feb 09, 2009 Secretary of State

		CEIO CEI (VICEO, IIVO					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
4409 HOFF 158	FNER AVE						
	, FL 32812						
Current Ma	ailing Addre	ss:	New Maili	New Mailing Address:			
4409 HOFF 158	NER AVE						
	, FL 32812						
FEI Number:	26-1414851	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired (	)	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:			
STORMS, I 4409 HOFF SUITE 158 ORLANDO		JS					
The above in the State		submits this statement for the	purpose of changing i	ts registere	d office or registered agent, or	both,	
SIGNATUR	RE: MICHAE	LSTORMS					
	Electro	nic Signature of Registered A	gent		Date		
		93(2)(b), F.S., the corporation did r g Trust Fund Contribution ( ).	not receive the prior notic	e.			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	STORMS, MIC	R AVE SUITE # 158	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	VP ( STORMS, DEI 4409 HOFFNE ORLANDO, FL	R AVE	Title: Name: Address: City-St-Zip:	VP STORMS, N 4409 HOFF ORLANDO,	NER AVE		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL STORMS P 02/09/2009