PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

P9300005690 DOCUMENT #

1. Corporation Name

FIRST METRO BUILDERS, INC.

Principal Place of Business

Mailing Address

2057 NW-21	7 GT - PARK PL 3331T	2057 ANN 27 ST						
US							_	
					RFINS	STATEME	NT	(2)()
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Mailin			ng Office Address, If Applicable			orated or Qualified less in Florida	9 (9 ()	
ACS SW 27世 Ave			ate.		To Do Busin	ess in Florida	01/25/19	93
Suite Apt. #, etc. Suite Apt. #, P.O.		Box 120070		5. FEI Number			Applied For	
Ft. Lauderdale. FL Ft 1		<u> </u>	audordalo, PL		6.	65-0385239		Not Applicable
^{Zip} 333	12 Country US	Zip 33312-	OO Z Country	' US		OF STATUS DESIRED 🔲		onal Fee required ficate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)								
Title(s)	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3		City / State / Zip				
S	RUFFIN, WILLIAM	666 SW 27th Ave			OAKLAND PARK FL 33311 Ft Landerdale, FL 33312			
PTD	GLENN, BLUNDON	2957 NW 27TH ST		OAKLAND PARK FL 33311				
PCD-	RUFFIN, GARY LAMARR	2057 NW 27 ST-			-OAKLAND PARK FL 33311 -			
יס∨	David Burgueno	2957 NW 27 St		Oakland Pk	FL	33311		
					7000034417371			
						P1404522.0	() ***	¥750.00
8. Name and Address of Current Registered Agent				Name and Address of New Registered Agent				
KEETON: PAMELIA II				Name William Ruffin				
2957 NW 27TH 9T				Street Address (P.O. Box Number is Not Acceptable) 665 SW 27+5 Ave				
	NND PARK FL 33311 7		Suite, Apt. #, Etc.					
				Ft Lauder dale FL 33312				
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.								
Signature of Registered Agent Date 10-16-60								
REGISTERED AGENT MUST SIGN								

11. 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 filling 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 under section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED SECRETARY OF STATE 1 VISION OF CORPORATION:

00 OCT 18 AM 9: 54