PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		≣   (	04 FEB 25 AH 11:40			
DOCUMENT # P93000018484			<b>_</b>	TÄĒĽĀĤ	MRY OF STATE ASSEC FLORIDA		
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Metropolis Motor Works, Inc.			la ama		TIMENT O	3-04	
			02/25 02/25	<b>DO</b> O: 5/04	287379 <b>1 1</b> 01 <b>0</b> 06016 **150	).00	
2. Principal Office Address 1343 S. DUKIE High W	135001		<b>)00</b> ;	2873 <b>7911</b> 01039014 **150	1. 00		
Suite, Apt. #, etc.			4. Date Incom	4. Date Incorporated or Qualified 1			
City & State  City & State  City & State  City & State			5. FEI Numbe	To Do Business in Florida 3 11 1993  5. FEI Number Applied For			
Zip Country Zip		Country	6.	039		ot Applicable	
53060 USA	330°B	USA	CERTIFICATI	CERTIFICATE OF STATUS DESIRED   30.73 Additional Fee required for a Certificate of Status			
	7. Name and	Address of Current Regi	stered Agent			_	
Name Doriglas S White							
Street Address (P.O. Box Number is Not Acceptable) 13435. Dixie Highway W.							
Suite, Apt. #, Etc.			0			1	
City FOMPA	io Beach	1, A 3	3040	State <b>FL</b>	Zip Code 33060	1	
8. I, being appointed the registered agent of the ab			ne obligations of secti	ion 607.050	95 or 617.0503, F.S.	(01/04	
Signature of Registered Agent Pagent Pagent MUST SIGN						CR2E081 (01/04)	
9. Names and Street Addresses of Each Officer an			at least 3 directors)				
Titles Name of Officers and/or Directors	,	Street Address of Each Officer and/or Director		City / State / Zip			
DD White, Douglas	S 1343	13435 DINE the phicagu Tompano Beach 2330d		Foregue Beach Figures			
		7,5,5	1 - 2 3 0 2 0				
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10. I certify that I am an officer or director or the recthis reinstatement application, the reason for discoved by the corporation have been paid and the	solution has been eliminated names of individuals listed	d, the corporate name sati on this form do not qualify	sfies the requirements for an exemption und	s of section	607.0401 or 617.0401, F.S., tha	it all fees	
on this application is true and accorded and my signature shall have the same legal effect as if made under oath.  SIGNATURE: X 2-5-04 (984)557-224 6							
SIGNATURE AND PPED OR P	RINTED NAME OF SIGNING OF	FINCER OF DIRECTOR	- (	Date	Daytime Phone #	ł	

## MARK A. BERNSTEIN, C.P.A., P.A.

February 5, 2004

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Metropolis Motor Works, Inc.
Document#P93000018484

Reinstatement

Dear Sir or Madam:

Please be advised that I represent the above referenced taxpayer and on their behalf I am requesting your help. As a courtesy to my clients, I sent out a fax stating that the annual reports were now being sent out as a postcard and they should be looking out for that. While this is a preventative measure, it proved to be an enlightening measure as well. Just one day after I sent out the fax this week, the above referenced taxpayer quickly went online to pay their 2004 annual report, only to find that their 2003 wasn't paid and their corporation had been dissolved. Immediately, we have sent the enclosed payment of one hundred fifty dollars (\$150) for the 2003 annual report, along with the reinstatement form. We respectfully request that you abate all penalties, as my client, never received their 2003 annual report or any notices. The mailing address that you have on the file is incorrect. On the reinstatement form, the new address has been added to ensure that this situation never happens again. As you can see, my client has always paid their annual report. Therefore, we humbly request that you accept our 2003 fee of one hundred fifty dollars (\$150) and abate the additional penalties. Thank you in advance for your cooperation and understanding in this matter.

Sincerely,

Mark Bernstein, CPA, PFS

MB:ms

Cc: Metropolis Motor Works, Inc.

Encls.