
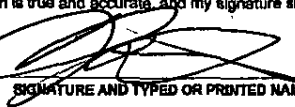


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> OCT -2 PM 12:33 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <b>METRO PROPERTY MANAGEMENT SERVICES INC</b> 1. Corporation Name <b>P94000013684</b>					
2. Principal Office Address <b>3479 W. Vine St</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>3479 W. Vine St</b> Suite, Apt. #, etc.		200023507322 10/02/03--01013--028 **150.00	
City & State <b>Kissimmee, FL</b>		City & State <b>Kissimmee, FL</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>1997</b>	
Zip <b>34741</b>	Country <b>USA</b>	Zip <b>34741</b>	Country <b>USA</b>	5. FEI Number <b>59-3225613</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name <b>Kevin Dawson</b>					
Street Address (P.O. Box Number is Not Acceptable) <b>3479 W. Vine Street</b>					
Suite, Apt. #, Etc.					
City <b>Kissimmee</b>				State <b>FL</b>	Zip Code <b>34741</b>
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 _____ Date _____ <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>					
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		
P	Kevin Dawson	3479 W. Vine St	Kissimmee, FL 34741		
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 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: 				863- <b>9/26/03 557-4567</b> Date Daytime Phone #	

CR2001 (10/02)

JK 6/3



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September 26, 2003

Department of State  
Division Of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Metro Property Management/P94000013684

To Whom It May Concern:

We are remitting with the enclosed Corporation Reinstatement Form and a check in the amount of \$150.00, representing the filing fees due for 2003.

Please abate all late filing penalties, as we never received the 2003 Uniform Business Report (UBR) from your department and we were not aware of administrative dissolution until examining the Division of Corporation website.

Sincerely;

Kevin Dawson  
President