PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM TATE OF SECRETARY OF CORPORATIONS OF CORPORATIONS OF STATE		
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations	03 MAR 24 AM 9: 37
DOCUMENT # P9400088828 1. COTPORTED NAME  METRO TERRA, INC.		
2. Principal Office Address 9845 NW //8 WAY 9845 NW //8 WAY 9845 NW //8 WAY		REINSTATEMENT <u>00-20</u> 9
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified 12/07/94
City & State  MEDLEY FLORIDA  Country	City & State  MEDLEY FROM A  Zip Country	5. FEI Number Applied For Not Applied For Not Applicable
USA 33178 USA 6. CERTIFICATE OF STATUS DESIRED 58,75 Additional Fee required for a Certificate of Status  7. Name and Address of Current Registered Agent		
Name JORGE FERNANDEZ		
Street Address (P.O. Box Number is Not Acceptable)		
984 NW // WAY 03/10/0301002013 **1288.75		
City MEDLEY State FL 33178		
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  PEGISTERED AGENT/MUST SIGN		
· · · · · ·   · · · · · · · · · · · ·	for Director (Florida nonprofit corporations must list at les	st 3 directors)
Titles Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
) JORGE FERNANDET		
) MREK KOCIK	98K NW 18 WAY	MEDLEY TE 33178
D ARIAS FERNAND	0 9845 NW 118 WA	Y MEDLEY FL 33178
D DIAZ PABLO	9845 NW 1184	MEDLET F 33178
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 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:  SIGNATURE AND TYPEDOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Daystme Phone #		