

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 JAN 24 AM 8:53

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **P94000093459**

1. Corporation Name

**METRO ASSET RECOVERY CORP.**

Principal Place of Business

Mailing Address

**1390 S DIXIE HWY  
CORAL GABLES FL 33146**

**1390 S DIXIE HWY  
CORAL GABLES FL 33146**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/28/1994**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**APPLIED FOR**

Applied For

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	EGGLAND, DANIEL C	1390 S DIXIE HWY	CORAL GABLES FL 33146
O	COVE, JOHN R	1390 S DIXIE HIGHWAY	CORAL GABLES FL 33146

~~600002069566-8~~  
-01/28/97--01028--006  
\*\*\*\*915.00 \*\*\*\*915.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**LEDER, NATHAN I  
5200 BLUE LAGOON DR SUITE 600  
MIAMI FL 33128**

Name

**JOHN R. COVE**

Street Address (P.O. Box Number is Not Acceptable)

**1390 SOUTH DIXIE HIGHWAY**

Suite, Apt. #, Etc.

**C/O METRO BANK**

City

**CORAL GABLES**

State

**FL**

Zip Code

**33146**

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date **01/21/97**

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary **01/21/97**

Date

Daytime Phone #

CR2ED40 (7/96)