PLEASE READ ALL INSTRUCTIONS BEFORE CO							ING THIS FORM	•
· 	PLICAT FOR STATE			A DEPARTMENT Sandra B. Mon Secretary of S IVISION OF CORPO	<b>rtham</b> State		FILED	
DOCUMENT # <b>P95000021974</b>						97 JAN -2 PM 3:36		
1. Corporation Name METCO, INC.						SECRETARY OF STATE TALLAHASSEE, FLORIDA		
505 N. PAR SUITE 212 WINTER PA	ARK FL 32789		505 N. PARI SUITE 212 WINTER PAR	Mailing Address 505 N. PARK AVE. SUITE 212 WINTER PARK FL 32789  ugh incorrect information and enter correction below.		REINSTATEMENT OU		
		Address, If Applicable		New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 03/17/1995		
Suite, Apt. #, etc.			Suite, Apt. #	Suite, Apt. #, etc.		5. FEI Number		Applied For
City & State			City & State			59 - 335 7693   Not Applicable		
Zip		Country	Zip	Countr	у		E OF STATUS DESIRED [ ]	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 leas								
Title(s)	2	Name of Officers and/or Directors		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N		lumbers)	City / St	ate / Zip
D	BADRAN, DEBORAH L			505 N. PARK AVE.		WINTER PARK FL 32789		
7						81	00002048 -01/07/87	4988
							****375.00	*****375.00
· i				<u> </u>			361-3	-97
Name and Address of Current Registered Agent  Name 6						9. Name and Address of New Registered Agent		
BADRAN, DEBORAH L						O Cat L. Badlat O. Box Number is Not Acceptable)		
SUITE 212 Suite, Apt. #, Etc.								
WINTER PARK FL 32789						State Zip Code		
10. l, being	appointed th	e registered agent of the	above named corpo	oration, am familiar w	ith and accept the of	oligations of Secti	on 607.0505, F.S.	
Signature of Registered		eval L	Brun	ENT MUST SIGN			Date 12/29/	<i>96.</i>
11. Do De	es this o	corporation pa evenue under	y any intang S. 199.032,	pible tax to the Florida State	e utes. Yes	□ No □	(See other side on inter	de for information ngible 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.