PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION. **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

P95000061518

1. Corporation Name

METRO PLANTATION INDUSTRIES, INC.

Principal Place of Business

on this application is true and a

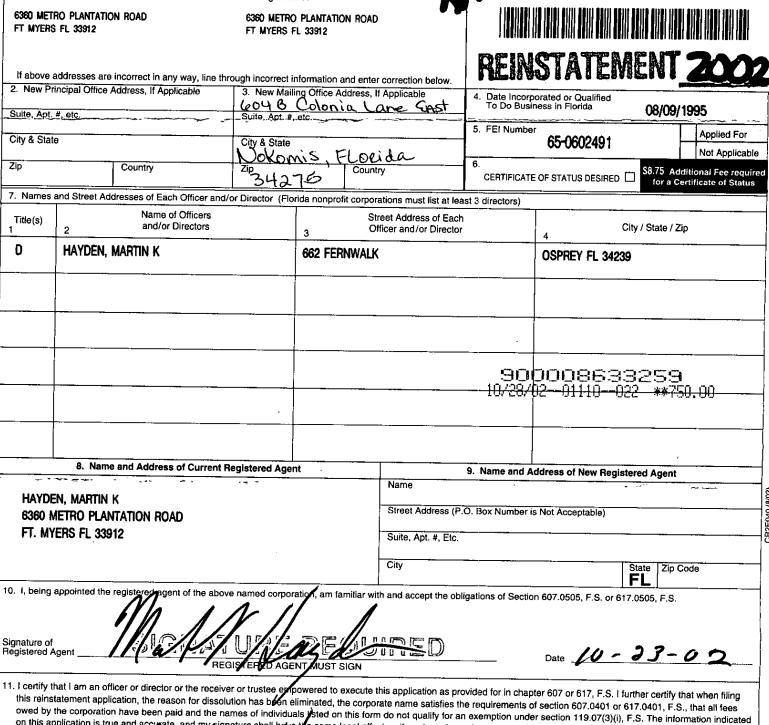
Mailing Address

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SECHE LABY OF STATE TALLAHASSEE, FLORIDA

10-23-02



gate, and my signature shall have the same legal effect as if made under oath.

OF SIGNING OFFICER OR DIRECTOR