

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

01 JUN 13 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 95 0000 720-73

1. Corporation Name  
METRO FLEET INC

2. Principal Office Address  
1311 HERITAGE ACRES  
Suite, Apt. #, etc. BLVD.

3. Mailing Office Address  
SAME

City & State  
ROCKLEDGE, FL.  
Zip 32955 Country BREVARD

City & State  
Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida 7/15/95

5. FEI Number 59-3337542  
Applied For ☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name PETER MITROPOULOS 300004481653  
Street Address (P.O. Box Number is Not Acceptable) 1311 HERITAGE ACRES BLVD.  
Suite, Apt. #, Etc.  
City ROCKLEDGE State FL Zip Code 32955

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 Hrysoula Mitropoulos  
REGISTERED AGENT MUST SIGN

Date 5/21/01

**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
PRES	PETER MITROPOULOS	1311 HERITAGE ACRES BLVD.	ROCKLEDGE FL. 32955
V. PRES	HRYSOULA MITROPOULOS	1311 HERITAGE ACRES BLVD.	ROCKLEDGE FL. 32955

REINSTATEMENT DO-01

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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:

PETER MITROPOULOS 4-29 '01 324 636 0003  
Date Daytime Phone #

CR2E081 (9/00)