


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

APPROVED
AND
FILED

01 DEC 28 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000075620

1. Corporation Name

METRIC GROUP, INC.

2. Principal Office Address

12813 COOL WATER WAY
Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

Zip

32246

Country

USA

3. Mailing Office Address

12813 COOL WATER WAY
Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

Zip

32246

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1995

5. FEI Number

☒ 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

Robert F. MATTHEWS, JR.

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

12813 COOL WATER WAY

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32246

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

R. F. Matthews, Jr.

Date 12/28/2001

REGISTERED AGENT MUST SIGN

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
<u>P</u>	<u>ALEJANDRO CUARTIN</u>	<u>9439 SAN JOSE BLVD</u>	<u>JACKSONVILLE, FL 32257</u>
<u>D</u>	<u>LUIS MIGUEL ALTURE</u>	<u>12813 COOL WATER WAY</u>	<u>JACKSONVILLE, FL 32246</u>
<u>D</u>	<u>FRANCISCO JAVIER MARTINEZ</u>	<u>AV. PRINCIPAL LAGUNITA, Resd. LA LAGUNITA, PISO 3 APT 303</u>	<u>URB. LA LAGUNITA COUNTRY CLUB CARACAS, VENEZUELA</u>
<u>D</u>	<u>Robert F. MATTHEWS, JR.</u>	<u>12813 COOL WATER WAY</u>	<u>JACKSONVILLE, FL 32246</u>
			<u>200004743192</u>
			<u>12/31/01 01001 005</u>
			<u>***1500.00 ***1500.00</u>

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:

Robert F. Matthews, Jr. Robert F. MATTHEWS, JR.

Date

12/28/2001

Daytime Phone #

904-992-8979

CR2E081 (8/00)

Form **SS-4**

(Rev. April 2000)

Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► **Keep a copy for your records.**

EIN

OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) <u>METRIC GROUP, INC.</u>															
	2 Trade name of business (if different from name on line 1)															
	3 Executor, trustee, "care of" name <u>ALEJANDRO CUARTIN</u>															
	4a Mailing address (street address) (room, apt., or suite no.) <u>12813 COOL WATER WAY</u>															
	5a Business address (if different from address on lines 4a and 4b)															
	4b City, state, and ZIP code <u>JACKSONVILLE, FL 32246</u>															
	5b City, state, and ZIP code															
6 County and state where principal business is located <u>DUVAL FLORIDA</u>																
7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► <u>242-96-3382</u> <u>ROBERT F. MATTHEWS, JR.</u>																
8a Type of entity (Check only one box.) (see instructions) Caution: If applicant is a limited liability company, see the instructions for line 8a.																
<table border="0"><tr><td><input type="checkbox"/> Sole proprietor (SSN)</td><td><input type="checkbox"/> Estate (SSN of decedent)</td></tr><tr><td><input type="checkbox"/> Partnership</td><td><input type="checkbox"/> Personal service corp.</td></tr><tr><td><input type="checkbox"/> REMIC</td><td><input type="checkbox"/> National Guard</td></tr><tr><td><input type="checkbox"/> State/local government</td><td><input type="checkbox"/> Farmers' cooperative</td></tr><tr><td><input type="checkbox"/> Church or church-controlled organization</td><td><input type="checkbox"/> Trust</td></tr><tr><td><input type="checkbox"/> Other nonprofit organization (specify) ►</td><td><input type="checkbox"/> Federal government/military</td></tr><tr><td><input type="checkbox"/> Other (specify) ►</td><td>(enter GEN if applicable)</td></tr></table>			<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)	<input type="checkbox"/> Partnership	<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> REMIC	<input type="checkbox"/> National Guard	<input type="checkbox"/> State/local government	<input type="checkbox"/> Farmers' cooperative	<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Trust	<input type="checkbox"/> Other nonprofit organization (specify) ►	<input type="checkbox"/> Federal government/military	<input type="checkbox"/> Other (specify) ►	(enter GEN if applicable)
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8b If a corporation, name the state or foreign country (if applicable) where incorporated																
<table border="1"><tr><td>State <u>FLORIDA</u></td><td>Foreign country</td></tr></table>			State <u>FLORIDA</u>	Foreign country												
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9 Reason for applying (Check only one box.) (see instructions)																
<input checked="" type="checkbox"/> Started new business (specify type) ► <u>SURVEY</u>																
<input type="checkbox"/> Banking purpose (specify purpose) ►																
<input type="checkbox"/> Changed type of organization (specify new type) ►																
<input type="checkbox"/> Purchased going business																
<input type="checkbox"/> Created a trust (specify type) ►																
<input type="checkbox"/> Other (specify) ►																
<input type="checkbox"/> Hired employees (Check the box and see line 12.)																
<input type="checkbox"/> Created a pension plan (specify type) ►																
10 Date business started or acquired (month, day, year) (see instructions) <u>1/1/2002</u>																
11 Closing month of accounting year (see instructions) <u>December</u>																
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year). <u>N/A</u>																
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)																
<table border="1"><tr><td>Nonagricultural</td><td>Agricultural</td><td>Household</td></tr><tr><td><u>0</u></td><td><u>0</u></td><td><u>0</u></td></tr></table>			Nonagricultural	Agricultural	Household	<u>0</u>	<u>0</u>	<u>0</u>								
Nonagricultural	Agricultural	Household														
<u>0</u>	<u>0</u>	<u>0</u>														
14 Principal activity (see instructions) ► <u>SURVEY COMPANY for Builders</u>																
15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																
If "Yes," principal product and raw material used ►																
16 To whom are most of the products or services sold? Please check one box.																
<input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ► <input checked="" type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A																
17a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																
Note: If "Yes," please complete lines 17b and 17c.																
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.																
<table border="1"><tr><td>Legal name ►</td><td>Trade name ►</td></tr></table>			Legal name ►	Trade name ►												
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17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.																
<table border="1"><tr><td>Approximate date when filed (mo., day, year)</td><td>City and state where filed</td><td>Previous EIN</td></tr></table>			Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN											
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Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.																
<u>Robert F. MATTHEWS, JR.</u>																
<u>Director of Technology</u>																
Business telephone number (include area code) <u>(904) 992 8979</u>																
Fax telephone number (include area code) <u>(904) 992 8979</u>																
Name and title (Please type or print clearly.) ►																
Signature ► <u>Robert F. Matthews, Jr.</u> Date ► <u>12-27-2001</u>																
Note: Do not write below this line. For official use only.																
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