PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

P96000014425 **DOCUMENT #**

1. Corporation Name

METRO-MED INC.

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HVISION OF CORPORATION.

02 JAN -8 PM 3:49

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Principal Place of Business		Mailing Address				
871 N NOVA RD FOLLY HILL FL 32117		1871 N NOVA RD HOLLY HILL FL 32117		, 1001		
ddresses are incorrect in any way.	ine through incorrect i	nformation and	enter correction t	elow.	VSTATEMENT OL	
. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date is	ncorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI No	Business in Florida 02/12/1996 umber Applied For	
City & State		City & State		·	59-3361757 Not Applicable	
Country Zip		Country CERTIFICA*		CERTIF	FICATE OF STATUS DESIRED Status for a Certificate of Status	
Name of Office	ors	orida nonprofit o	Street Address	s of Each	City / State / Zip	
2	and/or Directors		3		4	
VANDERWIERE JACK	1871 N. NOVA RD.			HOLLY HILL FL		
				-		
				+	6000047757764 -01/15/02-01048-004	
					*****758.75*****758.75	
8. Name and Address of Current Registered Agent				9. Name	and Address of New Registered Agent .	
RWIERE, JACK	And the second s		ddress (P.O. Box Nur	(P.O. Box Number is Not Acceptable)		
HOLLY HILL FL 32117			Suite, Ap	Suite, Apt. #, Etc.		
			City	City State Zip Code		
appointed the registered agent of t	he above named corp	oration, am fam	niliar with and acce	ept the obligations of	Section 607.0505, F.S.	
Cangan.		111114	SECULAR	• • • •		
	ddresses are incorrect in any way, Incipal Office Address, If Applicable #, etc. Country and Street Addresses of Each Office 2 Name of Office and/or Director VANDERWIERE JACK 8. Name and Address of Cu RWIERE, JACK I NOVA RD HILL FL 32117	ddresses are incorrect in any way, line through incorrect incipal Office Address, If Applicable 3. New Malifer, etc. Suite, Apt. # City & State Country Zip and Street Addresses of Each Officer and/or Director (Flow Name of Officers and/or Directors) VANDERWIERE JACK 8. Name and Address of Current Registered Agreement Agre	A RD 1871 N NOVA RD HOLLY HILL FL 32117 Addresses are incorrect in any way, line through incorrect information and noipal Office Address, if Applicable 3. New Malling Office Address, if Applicable 3. New Malling Office Addresses of Each Officer and/or Director (Florida nonprofit of Name of Officers and/or Directors 3. VANDERWIERE JACK 1871 N. NO.	AR RD 1871 N NOVA RD HOLLY HILL FL 32117 degresses are incorrect in any way, line through incorrect information and enter correction be noticed Office Address, if Applicable 3. New Malling Office Address, if Applicable 4. Suite, Apt. 4. etc. City & State Country Zip Country and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must Name of Officers and/or Directors 3. Street Address Officer and/or Directors 4. Street Address Officer and/or Directors 5. Street Address Officer and/or Director 8. Name and Address of Current Registered Agent 1871 N. NOVA RD. 8. Name and Address of Current Registered Agent Name RWIERE, JACK 5. Street Address Officer and/or Director 9. Street Address Officer and/or Directo	ARD 1871 N NOVA RD HOLLY HILL FL 32117 degresses are incorrect in any way, line through incorrect information and enter correction below. Incipal Office Address, if Applicable 3. New Mailing Office Address, if Applicable 4. Date 1 To Do if, etc. Gity & State Country Zip Country 6. CERTIF and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 director Name of Officers and/or Directors 3 Street Address of Each Officer and/or Directors 4. Nova RD. 8. Name and Address of Current Registered Agent 9. Name RWIERE, JACK 1871 N. NOVA RD. 8. Name and Address of Current Registered Agent 9. Name RWIERE, JACK Street Address (P.O. Box Number Nova RD) HILL FL 32117 Suite, Apt. #, Etc. City appointed the registered agent of the above named corporation, am familiar with and accept the obligations of the property of the property of the property of the above named corporation, am familiar with and accept the obligations of the property of	

Signature or Registered Agent

REGISTERED AGENT MUST SIGN

11. 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:

904-672-1990

Daytime Phone #