

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000035793

1. Corporation Name

Metropolis Advertising & Design, Inc.

2. Principal Office Address - No P.O. Box #

714 W Smith St

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32804-5226

Country

Orange

3. Mailing Office Address

714 W Smith St

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32804-5226

Country

Orange

7. Name and Address of Current Registered Agent

Name

Myrold, Brent

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

714 W Smith St

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32804-5226

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

REGISTERED AGENT MUST SIGN

Date

2/25/10

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
CEO	Myrold, Brent	714 W Smith St	Orlando, FL 32804-5226
PT	Kent, Kevin	714 W Smith St	Orlando, FL 32804-5226
VP	Boynton, Kevin	714 W Smith St	Orlando, FL 32804-5226

10. E-mail Address: kk@metroadv.com

(To be used for future annual report notification)

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. I further certify 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BRENT MYROLD

2/25/10

407 835 8080

600171048726
03/02/10--01049--001 **150.00
CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida 04/22/1996

5. FEI Number

59-3376131

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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03/16/10--01008--004 **158.75