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2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000075621		
1. Entity Name METROPOLITAN DESIGN, INC.		

Principal Place of Business PO BOX 32305 SAINT PETERSBURG, FL 33705	Mailing Address 2580 WEST BAY ISLE DR S.E. SAINT PETERSBURG, FL 33705
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2. Principal Place of Business - No P.O. Box # 109160 N. Bayshore DR. Suite, Apt. #, etc. Miami, FL. City & State 33161	3. Mailing Address P.O. Box 402433 Suite, Apt. #, etc. Miami Beach City & State FL. Zip 33140	Country USA	Country USA
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REINSTATEMENT 07

4. FEI Number 65-0692963	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LYNCH, PATRICIA 5946 NE 5TH AVE MIAMI, FL 33137		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 	DATE 12/26/07
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FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LYNCH, PATRICIA A 5946 NE 5TH AVE MIAMI, FL 33137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400115902844 01/23/08--01039--002 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE 	Patricia Lynch	305.772.0995
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ATTACHMENT # P96000075621 Jan 10

To whom it may concern:

This was returned to me

so I had to mail it to

you again.. as you can see

by the date it would

have reached you on time

had it not been for an error

in Postal delivery. Please

call with any further questions

Patricia Lynch 305.772.0995.

Sincerely, Patricia Lynch