

PLEASE READ ALL INSTRUCTIONS BEFORE COMPL

FILED
Mar 11, 2002 8:00 am
Secretary of State

**CORPORATION
 REINSTATEMENT**



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

DOCUMENT # P97000039458

1. Corporation Name

Metro Fire Sprinkler Services, Inc.

2. Principal Office Address

1501 Decker

Suite, Apt. #, etc.

#522

City & State

Stuart, FL

Zip

Country

34994

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

000005140010--9
 -03/22/02--01002--031
 ***150.00 ***150.00

4. Date Incorporated or Qualified
 To Do Business in Florida

05-02-1992

5. FEI Number

59-2431533

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

Bon Lee

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

1501 Decker

Suite, Apt. #, Etc.

#522

City

Stuart

State

FL

Zip Code

34994

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

Bon C. Lee

Date *1-4-02*

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
<i>P</i>	<i>Bon Lee</i>	<i>1501 Decker, #522</i>	<i>Stuart, FL 34994</i>
<i>VP</i>	<i>Don Paris</i>	<i>1501 Decker, #522</i>	<i>Stuart, FL 34994</i>

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:

Bon C. Lee
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-4-02 (561) 288-0615

Daytime Phone #

CR2E081 (9/00)

2052

December 19, 2001

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

RE: Metro Fire Sprinkler Services, Inc.
Document Number P97000039458
EIN Number 59-2433533

To Whom It May Concern:

Enclosed you will find copies of my Uniform Business Report which was due May 1st of this year. We recently received a notice of dissolution of our corporation. This came as a shock to us as we had never received our annual report forms this year. According to your database you have the correct address for our offices however you do not include the unit number in the address. We never received our forms. It is possible, in light of the type of development that we are in, that the forms were delivered to the wrong contractor. We are in a commercial park called Contractors Corner and there are over 50 commercial entities in our development. We had no intention on not completing these forms, as you can see from our track record we have never failed to file these reports timely. We simply did not receive the forms to complete them. We would request that you accept our reports and re-instate us to good standing and accept our check as full payment for our annual fee. If you have any questions please contact our accountant, Mr. Chuck Clark of Clark & Associates at 561-283-7364. Thank you for your time and attention in this matter.

Sincerely,



Ron Lee

cc Chuck Clark