

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB 24 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000017215

1. Corporation Name

Metro Business System, Inc.

2. Principal Office Address

8311 NW 64 St.

3. Mailing Office Address

SAME

Suite, Apt., etc.

Bay # 1

Suite, Apt., etc.

SAME

City & State

Miami-Florida

City & State

SAME

Zip

33166

Country

USA

Zip

SAME

Country

SAME

4. Date Incorporated or Quantified
To Do Business in Florida Feb. 1998

5. FEI Number
65-081-5546

☒ 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
Radhames Ventura

Street Address (P.O. Box Number is Not Acceptable)
11284 NW 46 Lane

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33178

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

Radhames Ventura

REGISTERED AGENT MUST SIGN

Date

02/05/04

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
Pres	RADHAMES VENTURA	11284 NW 46 LANE	Miami, FL 33178

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:

Radhames Ventura

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02/05/04

Daytime Phone #

(305) 436-1094

CR2E081 (01/04)