PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000038987

1. Corporation Name

METRO CARE STORE, INC.

Principal Place of Business

Mailing Address

P O BOX 812679 BOCA RATON FL 33481 P O BOX 812679 BOCA RATON FL 33481 FILED

02 OCT 28 AM 10: 29

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

TALLAHASSEE, FLORIDA

							TALLAHASSEE	· FLORIDA	
If above addresses are incorrect in any way, line thr 2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State			3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State			Date Incorporated or Qualified To Do Business in Florida 04/28/1998			
						5. FEI Number 65-0475537 _			
								Applied For Not Applicable	 !
Zip Country			Žip Country		Country .	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status			
7. Names	and Street Ad	dresses of Each Officer and	d/or Director (Flo	rida nonpro	fit corporations must list at le	east 3 directors)		<u>-</u>	=
Title(s) 1	tle(s) Name of Officers and/or Directors			3	Street Address of Ead Officer and/or Directo				
PVST	GLADSTONE, ARLINE			P O BOX 812679			BOCA RATON FL 33481		
						1 O 10/28/	0008625 0201080021	311 **150.00	
							se uli		
8. Name and Address of Current Registered Agent					9. Name and Add ess of New Registered Agent Name				
TILLEY, MICHAEL R 200 GLADES ROAD STE 208 BOCA RATON FL 33431					Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code				
10. I, being	appointed the	e registered agent of the abo	ove named corpo	ration, am f	amiliar with and accept the o	bligations of Section			-
Signature of Registered i	Agent		TURE EGISTERED AG		QUIRED		Date		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/02

Daytime Phone :



Member AICPA Member FICPA

October 22, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32314

RE: Metro-Care Store, Inc. Corporate Annual Report #P98000038987

Dear Sir or Madam:

Our office files the Corporation Annual Reports for Metro-Care Store, Inc. After our client received the Certificate of Dissolution dated October 4, 2002, we reviewed our records and found that the client never received the First or Second Notices.

We are therefore enclosing the completed Corporation Annual Report, and a check for the amount of \$150.00. We respectfully request that you process this report as soon as possible.

We apologize for the inconvenience this may have caused your office and our client.

Celibaron

Respectfully yours,

Elizabeth A. Wilsman

Certified Public Accountant

Encl.

CC: Metro-Care Store, Inc.