

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

99 NOV 22 PM 4:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000043600

1. Corporation Name

METIER TECHNOLOGY GROUP, INC

Principal Place of Business

14000 CYPRESS COURT  
MIAMI LAKES FL 33014

Mailing Address

14000 CYPRESS COURT  
MIAMI LAKES FL 33014

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/14/1998

5. FEI Number

65-2836317

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SEE INSTRUCTIONS FOR FILING

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4  |
|---------------|---|--|--|
| D             | MADDEN, ROBERT A                          | 14000 CYPRESS COURT                                    | MIAMI LAKES FL 33014   |
| D             | FORGIONE, ALFONZO                         | 2844 SW 183 AVE  | PEMBROKE PINES FL 33029  |
|               |   |  | 100003083491--8<br>-12/07/99-01082--010<br>****750.00 ****750.00 |
|               |   |  |  |
|               |   |  |  |
|               |   |  |  |
|               |   |  |  |

8. Name and Address of Current Registered Agent

MADDEN, ROBERT A  
14000 CYPRESS COURT  
MIAMI LAKES FL 33014

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0606, F.S.

Signature of  
Registered Agent

*[Signature]* REQUIRED  
REGISTERED AGENT MUST SIGN

Date

11-15-99

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]* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-15-99

Daytime Phone #

CHL #1219 \$750.00