

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000071012

1. Corporation Name

METROCOM. COM INC.

Principal Place of Business

Mailing Address

18181 NORTHEAST 31 COURT
SUITE 409
AVENTURA FL 33160

18181 NORTHEAST 31 COURT
SUITE 409
AVENTURA FL 33160

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/14/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0856864

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PSTD	GOULD, LAWRENCE A	18181 NORTHEAST 31 COURT	AVENTURA FL 33160
			300003035603--1
			-11/04/99-01095-000
			****750.00 ****750.00

REINSTATEMENT 99. TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name LAWRENCE A GOULD

Street Address (P.O. Box Number is Not Acceptable)
18181 NE 31 COURT

Suite, Apt. #, Etc.
SUITE 409

City AVENTURA

State FL

Zip Code 33160

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Lawrence A. Gould

REQUIRED

Date

10/18/99

REGISTERED AGENT MUST SIGN

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:

Lawrence A. Gould, CEO + President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/99

Date

305-935-9101

Daytime Phone #