OCT 11 '00 10:33AM

APPROVED
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

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

00 OCT 12 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000071012

1. Corporation Name: METROCOM. COM, INC.

2. Principal Office Address	3. Mailing Office Address
18181 N.E. 31ST COURT	SAME
Suite, Apt. #, etc.: SUITE 409	Suite, Apt. #, etc.:
City & State: AVENTURA, FLORIDA	City & State:
Zip: 33160 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 08/14/00

5. FEI Number: 650856864 ☐ 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: EUGENE MICHAEL KENNEDY, ESQ.

300003446863--4
-11/01/00--01045--017
****750.00 ****750.00

Street Address (P.O. Box Number is Not Acceptable): 517 S.W. 1ST AVENUE

Suite, Apt. #, Etc.:

City: FT. LAUDERDALE State: FL Zip Code: 33301

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: _____ Date: 10/11/00

REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
PSTD	LAWRENCE A. GOULD	18181 N.E. 31ST COURT #409	AVENTURA, FL 33160

REINSTATEMENT 2000

10. I certify that I am an officer or director of the corporation 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 quality 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: _____ 10/11/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #