

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 19 AM 9:06

DOCUMENT # P98000106933

1. Corporation Name

BYRD METRO PROPERTIES, INC.

Principal Place of Business

2513 SEMORON BLVD.
APOPKA FL 32703

Mailing Address

2513 SEMORON BLVD.
APOPKA FL 32703

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

12/28/1998

5. FEI Number

59-3549861

Applied For

Not Applicable.

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	BYRD, CAROLYN	1738 LIMWOOD LANE	ORLANDO FL 32818
VST	BYRD, CAROLYN	1738 LIMWOOD LANE	ORLANDO FL 32818
			700003457987--3 -11/09/00--01012--010 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

CARTER, WILLIAM A
6120 CASTLEWOOD LANE
ORLANDO FL 32808

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 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

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

CAROLYN BYRD

Date

Daytime Phone #

BYRD

METRO PROPERTIES, INC.

407-884-4700

BYRD METRO PROPERTIES, INC.
2513 Semoran Blvd.
Apopka, FL 32703

Fax: (407) 884- 4579

Carolyn Byrd, Broker



10-16-2000

Dear Sirs,

This is the first notice I have received.

I am enclosing \$150 for active status as I was told.

Sincerely,

A handwritten signature in cursive script that reads "Carolyn Byrd". The signature is fluid and stylized, with the first name being more prominent.

Carolyn Byrd