

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV 22 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V28439**

1. Corporation Name

Metro Mechanical Systems Inc

2. Principal Office Address

12120 Metro Parkway

3. Mailing Office Address

12120 Metro Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Myers, FL

City & State

Fort Myers, FL

Zip

33912

Country

Lee

Zip

33912

Country

Lee

4. Date Incorporated or Qualified

To Do Business in Florida **June 1992**

5. FEI Number

65-0325915

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

William R. Tucker

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

12120 Metro Parkway

Suite, Apt. #, Etc.

City

Fort Myers

State
FL

Zip Code

33912

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

REGISTERED AGENT MUST SIGN

Date

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
P	William R. Tucker	2107 S.E. 19th Lane	Cape Coral, FL 33990
T	William R. Tucker	2107 S.E. 19th Lane	Cape Coral, FL 33990
V	Donna L. Tucker	2107 S.E. 19th Lane	Cape Coral, FL 33990
S	Donna L. Tucker	2107 S.E. 19th Lane	Cape Coral, FL 33990

10. 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:

William R. Tucker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/02

Date

239-275-5325

Daytime Phone #

CR2E081 (9/01)

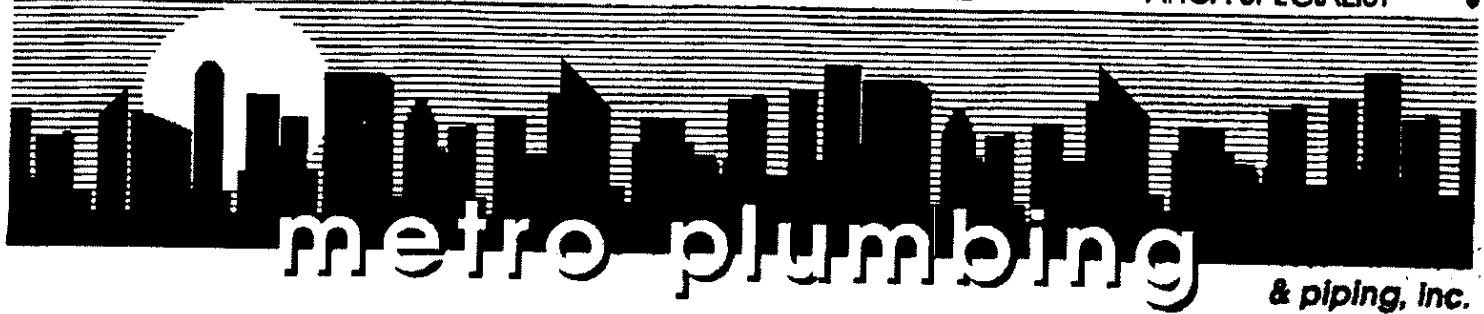
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• SERVICE •

COMMERCIAL •

INSTITUTIONAL •

AHCA SPECIALIST •



November 19, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Metro Mechanical Systems Inc.

Dear Sir or Madam:

We are enclosing a Reinstatement Application for the above referenced corporation along with a check in the amount of \$150.00. We request that the reinstatement fee be waived because the UBR materials were sent to a former mailing address and not received by the entity which resulted in administrative dissolution of the corporation.

Sincerely:

A handwritten signature in cursive script that reads "William R. Tucker".

William R. Tucker
President