PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMEN



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

V36916

M.E.T. LIQUIDATING CORPORATION

Principal Place of Business

Malling Address

8181 NW 14TH ST MIAMI FL 33126

Suite, Apt. #, etc.

City & State

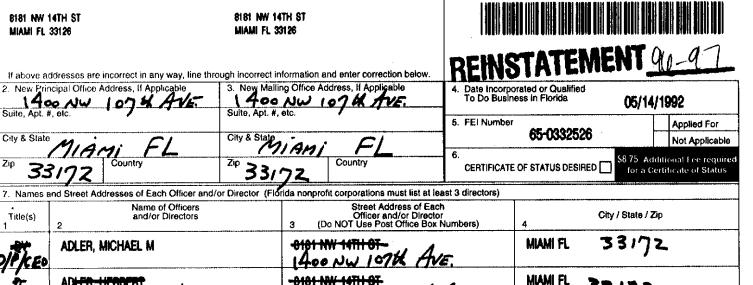
Title(s)

FILED

97 MAY -6 AM 8:50

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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P/EV/A	LEVY, JOEL	1400NW 107 H AVE	MIMITE 38172
AS	GOLDENDERG, IGNAGIO Adler, Linda K.	1400 NW 187 Ave.	MIAMI FL 33172
			\$5-13-97
8. Name and Address of Current Registered Agent		J Agent 9. Name an	d Address of New Registered Agent
LEVY, JOEL 8181 NW 14TH ST MIAMI FL 33128		Street Address (P.O. Box Numb]
10. I, beinç	appointed the registered agent of the above named	City MIAM 1 corporation, am familiar with and accept the obligations of Sci	State Zip Code FL 33,72

12 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 regulrements 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 of Registered Agent

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

Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.

REGISTERED AGENT MUST SIGN