

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV 26 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



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

DOCUMENT # **V54099**

1. Corporation Name

Metromotion, Inc

2. Principal Office Address

361 Collins Avenue

3. Mailing Office Address

361 Collins Avenue

Suite, Apt. #, etc.

10

Suite, Apt. #, etc.

10

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33139

Country

USA

Zip

33139

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

7-30-92

5. FEI Number

65-0352770

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

Marc A. Chanti

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

361 Collins Avenue

Suite, Apt. #, Etc.

10

City

Miami Beach

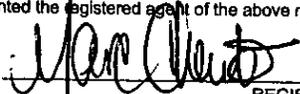
State
FL

Zip Code

33139

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

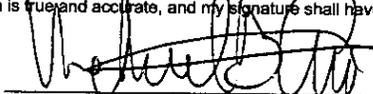
Date **11-20-02**

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	Marc A. Chanti	361 Collins Avenue, Suite 10	Miami Beach, FL 33139
VP	Michael B. Chanti	12601 SW 81st Avenue	Pinecrest, FL 33156

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:



Michael Chanti

305-531-1700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

New York
Florida

metromotion[®] productions *On Location. In Control.*

November 20, 2002

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

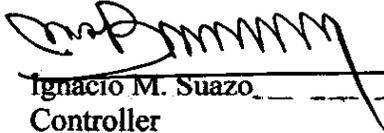
Dear Sir or Madam:

We are requesting very kindly to reinstate our company. We usually receive every year the Uniform Business Report. This year that report was not received in our office. The report was sent to 1688 Meridian Avenue.

We informed you that our new mailing address is 361 Collins Avenue, Suite 10, Miami Beach, FL 33139. During the current year we have received a few communications from Department of State and Florida Department of Revenue.

Please waive the penalty and proceed to put our company active since we have always followed your regulations.

Truly yours,


Ignacio M. Suazo
Controller

P.S.: Check # 8847 for \$158.75

450 West 31st Street
8th Floor
New York, NY 10001
Tel. 212 675 3377
Fax. 212 675 5388

361 Collins Avenue
Suite 10
Miami Beach, FL 33139
Tel. 305 531 1700
Fax. 305 531 4880