

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 12 AM 10:03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # V54099

1. Corporation Name

METROMOTION, INC.

Principal Place of Business

Mailing Address

361 COLLINS AVENUE 450 W 31 ST
10 8 FL
MIAMI BEACH FL 33139 NY, NY 10001

361 COLLINS AVENUE 450 W 31 ST
10 8 FL
MIAMI BEACH FL 33139 NY, NY 10001



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

Only if Corporation Qualified
To Do Business in Florida

07/30/1992

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. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	CHANTI, MARC A	361 COLLINS AVENUE, SUITE 10	MIAMI BEACH FL 33139
VP	CHANTI, MICHAEL B	12601 S.W. 81ST AVENUE	MIAMI FL 33156

400024616514
11/12/03--01075--008 **150.00

8. Name and Address of Current Registered Agent

CHANTI, MARC A
361 COLLINS AVENUE
10
MIAMI BEACH FL 33139

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. or 617.0505, F.S.

Signature of
Registered Agent

[Handwritten Signature]

Date

11-4-03

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]
Marc Chanti

Date

11-4-03

Daytime Phone #

212-967-1943

CR2040 (7/03)

New York
California
Florida

metromotion[®]

productions *On Location. In Control.*

www.metromotion.com

November 4, 2003

Division Of Corporations
Annual Report / Reinstatement Section
Po-Box 6327
Tallahassee, FL 32314-6324

RE: Document Number V54099

Dear Sir or Madam:

We just received the notification that our company failed to file its 2003 Corporation annual report/uniform business report. Please accept our apologies but we never received the forms. In addition our address has change effective May 10,2003. Our new mailing address is as follows:

Metromotion Inc.
450 West 31Street
8th Floor
New York, NY 10001

Please waiver the \$600.00 and enclosed is the amount of \$150.00.

Thank you

Shari La Sala
Office Manager