

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

|                                      |   |
|--------------------------------------|---|
| <b>CORPORATION<br/>REINSTATEMENT</b> | FLORIDA DEPARTMENT OF STATE<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--------------------------------------|---|

**FILED**  
05 APR 28 PM 6:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # V71958**

1. Corporation Name

**Metro Education and Entertainment**

|   |                       |   |                       |
|---|-----------------------|---|-----------------------|
| 2. Principal Office Address<br><b>3017 Oakmont Drive</b><br>Suite, Apt. #, etc. |                       | 3. Mailing Office Address<br><b>P O Box 1144</b><br>Suite, Apt. #, etc. |                       |
| City & State<br><b>Clearwater, FL</b>   |                       | City & State<br><b>Oldmar, FL</b>                                       |                       |
| Zip<br><b>33761</b>   | Country<br><b>USA</b> | Zip<br><b>34677</b>   | Country<br><b>USA</b> |

**REINSTATEMENT 03-05**  
**500054868035**  
05/19/05--01086--001 \*\*1050.00

|  |  |   |
|--|--|---|
| 4. Date Incorporated or Qualified<br>To Do Business in Florida |  | <b>10/1/1992</b>  |
| 5. FEI Number<br><b>59-2951282</b>                             | Applied For<br><input type="checkbox"/> Not Applicable |   |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>      |  | \$8.75 Additional Fee required<br>for a Certificate of Status |

**7. Name and Address of Current Registered Agent**

|  |                    |                          |
|--|--------------------|--------------------------|
| Name<br><b>Harold L Queen</b>  |                    |                          |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>3017 Oakmont Drive</b><br>Suite, Apt. #, Etc. |                    |                          |
| City<br><b>Clearwater</b>  | State<br><b>FL</b> | Zip Code<br><b>33761</b> |

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

*Harold L Queen*  
REGISTERED AGENT MUST SIGN

Date **APRIL 15-05**

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

| Titles           | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip            |
|------------------|--------------------------------------|---|-------------------------------|
| <b>President</b> | <b>Harold L. Queen</b>               | <b>3017 Oakmont Drive</b>                         | <b>Clearwater, FL 33761</b>   |
| <b>Treasurer</b> | <b>John N. Irwin</b>                 | <b>610 Lindsay Circle</b>                         | <b>Villanova, PA 19085</b>    |
| <b>Secretary</b> | <b>Mark Queen</b>                    | <b>17534 Royalton Road</b>                        | <b>Strongsville, OH 44136</b> |
|                  |                                      |   |                               |
|                  |                                      |   |                               |
|                  |                                      |   |                               |

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:**

*Harold L Queen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Harold L. Queen**

**4-15-05**  
Date

**727 786-0094**  
Daytime Phone #