

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

04 JAN -6 PM 3:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000021187

1. Corporation Name

MICHAEL L. METZNER, P.A.

Principal Place of Business

Mailing Address

~~7777 GLADES ROAD STE 205~~
BOCA RATON FL ~~33486-4150~~

~~7777 GLADES ROAD STE 205~~
BOCA RATON FL ~~33486-4150~~

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 211

Suite, Apt. #, etc.

Suite 211

City & State

City & State

1515 S. Federal Highway

1515 S. Federal Highway

Zip City Boca Raton, FL 33432

Zip City Boca Raton, FL 33432

REINSTATEMENT 03



400026164784

01/06/04--01057--030 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

02/27/2001

5. FEI Number

1156226
65-1108204

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	METZNER, MICHAEL L	SUITE 205 7777 GLADES RD Suite 211, 1515 S. Federal Hwy	BOCA RATON FL 33486 33432

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

METZNER, MICHAEL L

~~7777 GLADES ROAD SUITE 205~~ Suite 211, 1515 S. Fed. Hwy
~~BOCA RATON FL 33486~~ 33432

Name

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

Suite 211, 1515 S. Federal Highway

Suite, Apt. #, Etc.

Boca Raton, FL

City

State

FL

Zip Code

33432

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

Michael L Metzner

REGISTERED AGENT MUST SIGN

Date 12/30/03

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:

Michael L Metzner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/03

Date

561-376-7392

Daytime Phone #

CR2040 (7/03)