

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 OCT 16 AM 9:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 441105

1. Corporation Name

Menzer Pools, Inc.

Principal Place of Business

18243 Wintergarden Ave  
Port Charlotte, FL 33948

Mailing Address

PO Box 380773  
Murdock, FL  
33938-0773

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 Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

94-00

4. Date Incorporated or Qualified  
To Do Business in Florida

12/3/73

5. FEI Number

59-1488319

Applied

SP

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$375 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres	Karl E. Menzer	18243 Wintergarden Ave	Port Charlotte, FL 33948
VP SecT	Sharon A. Menzer	18243 Wintergarden Ave	Port Charlotte, FL 33948

300003434279-1

-10/23/00--01004--010

\*\*\*1658.75 \*\*\*1658.75

8. Name and Address of Current Registered Agent

Karl E. Menzer  
18243 Wintergarden Ave  
Port Charlotte, FL 33948

9. Name and Address of New Registered Agent

Name

Sharon A. Menzer

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

18243 Wintergarden Ave

Suite, Apt. #, Etc.

City

Port Charlotte

State

FL

Zip Code

33948

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.

Signature of  
Registered Agent

Sharon A. Menzer  
REGISTERED AGENT MUST SIGN

Date

10/10/00

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Sharon A. Menzer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/00

941-625-5909  
Daytime Phone #

CR2E040 (12/95)