

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000000498**

1. Corporation Name

METZGER FAMILY INDUSTRIES, INC.

Principal Place of Business

601 N.W. 12TH AVENUE
POMPANO BEACH FL 33069

Mailing Address

METZGER FAMILY IND
601 NW 12TH AVE
POMPANO BCH FL 33069
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

01/04/1994

5. FEI Number

65-0462115

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
PD	METZGER, MICHAEL	601 N.W. 12TH AVENUE	POMPANO BEACH FL 33069
VPD	METZGER, THOMAS S	601 N. W. 12TH AVENUE	POMPANO BEACH FL 33069
TD	METZGER, STEVE	601 N.W. 12TH AVENUE	POMPANO BEACH FL 33069
SD	METZGER, JOHN	601 N.W. 12TH AVENUE 8396 Fronhorse Ct	POMPANO BEACH FL 33069 West Palm Beach, FL 33412
			100003469581--6 -11/20/00-01016-011 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

~~METZGER, MICHAEL J~~
~~601 NW 12 AVE~~
~~POMPANO BEACH FL 33069~~

9. Name and Address of New Registered Agent

Name: John T. Metzger
Street Address (P.O. Box Number is Not Acceptable)
8396 Fronhorse Ct
Suite, Apt. #, Etc.
City West Palm Beach State FL Zip Code 33412

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/30/00

11. I certify that I am an officer or director of 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

John T. Metzger as Secretary 10/30/00 561-659-7700
Date Daytime Phone #