

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000000498

1. Corporation Name

Metzger Family Industries, Inc.

2. Principal Office Address

2811 N.E. 53rd Court

Suite, Apt. #, etc.

3. Mailing Office Address

2811 N.E. 53rd Court

Suite, Apt. #, etc.

City & State

Lighthouse Point, Florida

City & State

Lighthouse Point, Florida

Zip

33064

Country

Zip

33064

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

January 4, 1994

5. FEI Number

6500462115

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **XXX**

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Metzger, John T.

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

8396 Ironhorse Court

Suite, Apt. #, Etc.

City West Palm Beach

State
FL

Zip Code
33412

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

REGISTERED AGENT MUST SIGN

Date

12/27/02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Metzger, Michael	427 S.E. 12th Avenue	Deerfield Beach, FL 33441
VPD	Metzger, Thomas S.	601 N.W. 12th Avenue	Pompano Beach, FL 33069
VP	Metzger, Thomas J.	2811 N.E. 53rd Court	Lighthouse Point, FL 33064
TD	Metzger, Steve	310 N.E. 11th Avenue	Pompano Beach, FL 33060
SD	Metzger, John T.	8396 Ironhorse Court	West Palm Beach, FL 33412

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/12/02 561-659-7700

Daytime Phone #

FILED

02 DEC 31 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

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