

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
FILED

00 OCT 19 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000000766

1. Corporation Name

MENGER ASSOCIATES

2. Principal Office Address

4522 SCHOONER LN

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

LYNN HAVEN FL.

City & State

Zip

32444

Country

BAH

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1/5/98

5. FEI Number

593487389

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOHN H MENGER

600003440166-5

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

4522 SCHOONER LN

-10/26/00--01044--014

\*\*\*\*158.75 \*\*\*\*158.75

Suite, Apt. #, Etc.

City

LYNN HAVEN FL.

State

FL

Zip Code

32444

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 10/19/00

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
Pres	Thomas Menger	4443 Baywood Dr.	Lynn Haven FL 32444
V.P.	John Menger	4522 Schooner Ln.	Lynn Haven FL 32444
Sec/Pres	Anita Menger	4443 Baywood Dr.	Lynn Haven FL 32444
Dir	Donna Menger	46 Town Farm Rd	Westminster MA 01473

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/19/00

Daytime Phone #

850 265-1067

CR2E081 (9/99)

October 19, 2000

To: Florida State Repty Corporations  
From: Menger Associates, Inc.

Due to a move from Mexico Beach to  
Lynn Haven we did not receive our  
Annual Report form, nor did we receive  
the second request.

We phoned in our change of address  
but were not aware that we needed  
to submit it in writing.

John Menger  
Vice President