

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 709082

1. Corporation Name

THE LANDINGS BOAT CLUB, INC.

Principal Place of Business

P.O. BOX 11331
FT LAUDERDALE FL 33339-1331

Mailing Address

P.O. BOX 11331
FT LAUDERDALE FL 33339-1331

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/02/1965

5. FEI Number

59-1984681

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	ROGERS, SUZANNE W	5231 NE 33 AVENUE	FT LAUDERDALE FL
PD	KRIEGER, BRUCE	5400 NE 33 AVE	FT LAUDERDALE, FL
PD	BERNSTEIN, MICHAEL	5237 NE 31ST AVENUE	FORT LAUDERDALE FL
PD	WATSON, MICHAEL R	2810 NE 52 STREET	FT LAUDERDALE FL
V/D	VIVEIROS, PATRICK	5200 BAYVIEW DR	FT LAUDERDALE
T	BURBANK, HERBERT	5240 NE 28TH AVE	FT LAUDERDALE FL
S/D	ZUZCHIK, LEONARD	5301 NE 33 AVE	FT LAUDERDALE
PD	LAWRENCE, STEPHEN	2801 NE 55TH PLACE	FT. LAUDERDALE FL

8. Name and Address of Current Registered Agent

KRIEGER, DR. BRUCE
5400 NE 33RD AVENUE
FORT LAUDERDALE FL 33308

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

1100002382780-1

-12/24/97-01093-016

***238. State 21000238.25

FL

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 Bruce Krieger, M.D.

REGISTERED AGENT MUST SIGN

Date 12/14/97

11 This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for Information
on intangible tax.)

12. 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:

Bruce Krieger, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/14/97

Date

(305) 674-2610

Daytime Phone #

FILED

97 DEC 22 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

CR2E040 (8/97)