PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

99 FEB -8 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **709082**

1. Corporation Name

THE LANDINGS BOAT CLUB, INC.

Principal Place of Business	Mailing Address
P.O. BOX 11331 FT LAUDERDALE FL 33339-1331	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.

REINSTATEMENT 98-99

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

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
~~PD~~	~~KRIEGER, BRUCE~~	~~5400 NE 33 AVE.~~	~~FT. LAUDERDALE FL~~
PD	BERNSTEIN, MICHAEL	5237 NE 31ST AVENUE	FORT LAUDERDALE FL
~~VD~~	~~VIVEIROS, PATRICK~~	~~5200 BAYVIEW DR.~~	~~FT. LAUDERDALE FL~~
~~SD~~ VD	ZUZCHIK, LEONARD	5301 NE 33 AVE.	FT. LAUDERDALE FL
SD	ELIZABETH BEDOC	3100 NE 57 Ct.	Ft. Lud. FL

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****297.50 ****297.50

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: MICHAEL BERNSTEIN
Street Address (P.O. Box Number is Not Acceptable): 1140 BAYVIEW DR.
Suite, Apt. #, Etc.:
City: Ft Lauderdale State: FL Zip Code: 33304

02-10-99

CR2E040 (9/98)

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: _____ REGISTERED AGENT MUST SIGN Date: 1/8/99

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: _____ MICHAEL BERNSTEIN 1/8/99 954 561 4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #