PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAY -7 PM 4:21

DOCUMENT # **P98000038312**

1. Corporation Name

LANDLUBBERS, INC.

Principal Place of Business	Mailing Address
5692 PURDY LANE W. PALM BEACH FL 33415 US	5692 PURDY LANE W. PALM BEACH FL 33415

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

4. Date Incorporated or Qualified To Do Business in Florida: 04/27/1998

5. FEI Number: 65-0829760 ☐ 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
D	BOBROWSKI, STEVE	5692 PURDY LANE	W. PALM BEACH FL 33415

600005500596--5
-05/03/02--01048--029
****300.00 ****300.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BOBROWSKI, STEVE 5692 PURDY LANE W. PALM BEACH FL 33415	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/01)

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: Steve C. Bobrowski
REGISTERED AGENT MUST SIGN

Date: 10-31-01

11. 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: Steve C. Bobrowski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 10-31-01

Daytime Phone #

Payment

10-31-01

REINSTATEMENTS,

IM STEVE C. BOBROWSKI PRESIDENT OF LANDLUBBERS, INC. RESPECTFULLY REQUESTING REINSTATEMENT. I CANT THINK OF A SINGLE REASON OR EXCUSE FOR THIS OVERSIGHT IN COMPLYING WITH THE DEPARTMENT OF STATE ON THIS MATTER.

I PAID ALL OF MY WORK PERMITS, REGISTRATIONS ON ALL MY VEHICLES AND HAVE PAID THIS CORP. FEE FOR THE PAST YEARS ON TIME. IM TRULY SORRY FOR ANY INCONVIENCE. I HOPE TO RESOLVE THIS MATTER WITHOUT ANY FURTHER RE-PROCUTIONS.

THANK YOU.

SINCERELY

Steve C. Bobrowski

STEVE C. BOBROWSKI
PRESIDENT/OWNER

P.S. DID NOT RECIEVE UNIFORM BUSINESS REPORT FOR 2001.

561-301-4343 CELL
561-641-3936 HOME