

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

4. Date Incorporated or Qualified
To Do Business in Florida

04/27/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0829760

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
-05/09/02--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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-31-01

CR20040 (8/01)

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10-31-01

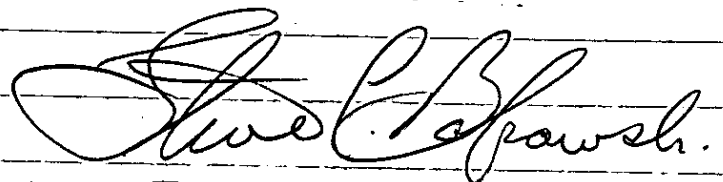
REINSTATEMENTS,

I'M 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. I'M TRULY SORRY FOR
ANY INCONVIENCE. I HOPE TO RESOLVE
THIS MATTER WITHOUT ANY FURTHER RE-
PROCUTIONS.

THANK YOU.

SINCERELY



STEVE C. BOBROWSKI
PRESIDENT/OWNER

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

561-301-4343 CELL

561-641-3936 HOME