

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB -9 AM 9:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N02000001100**

1. Corporation Name

SSAFE LANDINGS FOUNDATION, INCORPORATED

Principal Place of Business

Mailing Address

**6410 BRAE-BURN
NORTH LAUDERDALE FL 33068**

**6410 BRAE-BURN
NORTH LAUDERDALE FL 33068**

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

02/11/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

38-3643623

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
PD	SCOTT, ELLISA C	6410 BRAE-BURN	NORTH LAUDERDALE FL 33068
VD	ALLEN, YVONNE J	6513 S.W. 10TH COURT	NORTH LAUDERDALE FL 33068
SD	DANIEL, HILTON	330 S.W. 27TH AVENUE	FORT LAUDERDALE FL 33315
TD	EDWARD, CHERYL	170 N.W. 33 AVENUE	FORT LAUDERDALE FL 33311
D	STRONG, CHARLIE	1510 N.W. 3RD AVENUE	POMPANO BEACH FL 33060

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**SCOTT, ELLISA C
6410 BRAE-BURN
NORTH LAUDERDALE FL 33068**

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

500028531615
02/10/04--01079--009 **300.00

Date

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)