

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 # N94000000288

1. Corporation Name

CLOWNS FOR KIDS FOUNDATION, INC.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable
13625 Yarmouth Court

3. New Mailing Address, If Applicable
Same as #2

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State
Wellington, FL

City & State

Zip Country
33414 Palm Beach

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida
January 10, 1994

5. FEI Number
65-0472209

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Slim Chappell	13625 Yarmouth Court	Wellington, FL 33414
D	Tina Bunchuk	2400 N.W. 33 St, #1111	Ft. Lauderdale, FL 33309
D	Debbie Kossoff	554402 Arbor Club Way	Boca Raton, FL 33433
D	Gail Jahn	1309 NE 23 St.	Wilton Manors, FL 33305

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name Slim Chappell	
Street Address (P.O. Box Number is Not Acceptable) 13625 Yarmouth Court	
Suite, Apt. #, Etc.	
City Wellington	State Zip Code FL 33414

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **8-16-96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-16-96 (561) 753-5743
Date Daytime Phone #

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P9500027306
1. Corporation Name

LANDINGS IMPROVEMENT COMPANY

Principal Place of Business

Mailing Address

2854 Becca Ave

Naples, FL 34112

2. Principal Place of Business

21 2854 Becca Ave.

Suite, Apt #, etc

22

City & State

23 Naples, FL

Zip

24 34112

Country

25 Collier

2a. Mailing Address

26 2854 Becca Ave.

Suite, Apt #, etc

27

City & State

28 Naples, FL

Zip

29 34112

Country

30 Collier

9. Name and Address of Current Registered Agent

Dale H. Steinberg
2854 Becca Ave.
Naples, FL 34112

3. Date Incorporated or Qualified

April 6, 1995

3a. Date of Last Report

4. FEI Number

65-0570700

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Dale H. Steinberg, President

Signature typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when installing)

8/26/96

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
P.T.
Dale H. Steinberg
2854 Becca Ave.
Naples, FL 34112

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
VDS
David Steinberg
2854 Becca Ave.
Naples, FL 34112

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
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TITLE
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☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP
PDT
Dale H. Steinberg
2854 Becca Ave.
Naples, FL 34112

☒ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Steinberg

8/26/96

(41) 775-3335

APPROVED
AND
FILED

1996 SEP 23 AM 8:34

SECRETARY OF STATE
TAMM HALL, 1000
TALLAHASSEE, FLORIDA

400001940484
-09/06/96--01003--008
*****61.25 *****61.25

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OCTOBER 1, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
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DIVISION OF CORPORATIONS

DOCUMENT # P9500027306

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Not Applicable

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☐

\$5.00 May Be
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Florida Statutes

☐ Yes ☒ No

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SIGNATURE Dale H. Steinberg, President

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

8/26/96

DATE

12. OFFICERS AND DIRECTORS

TITLE P.T. ☐ DELETE
NAME Dale H. Steinberg
STREET ADDRESS 2854 Becca Ave.
CITY-ST-ZIP Naples, FL 34112

TITLE VDS ☐ DELETE
NAME David Steinberg
STREET ADDRESS 2854 Becca Ave.
CITY-ST-ZIP Naples, FL 34112

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11 TITLE PDT ☒ Change ☐ Addition
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13 STREET ADDRESS 2854 Becca Ave.
14 CITY-ST-ZIP Naples, FL 34112

21 TITLE ☐ Change ☐ Addition
22 NAME
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24 CITY-ST-ZIP

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32 NAME
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63 STREET ADDRESS
64 CITY-ST-ZIP

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David Steinberg

8/26/96

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