

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000066708

1. Corporation Name

LUCKY'S LANDING, INC.

2. Principal Office Address - No P.O. Box #
133 Barry Ave

Suite, Apt. #, etc.

City & State

Summerland Key, FL

Zip
33042

Country

United States

3. Mailing Office Address
133 Barry Ave

Suite, Apt. #, etc.

City & State

Summerland Key, FL

Zip
33042

Country

United States

7. Name and Address of Current Registered Agent

Name
Feldman Koenig Highsmith, P. A., David Van Loon, Esq.

Street Address (P.O. Box Number is Not Acceptable)
3158 Northside Drive

Suite, Apt. #, Etc.

City
Key West

State
FL

Zip Code
33040

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **04/02/2007**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Jack E. Warner	133 Barry Ave	Summerland Key, FL, 33042

10. 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 contained in Chapter 119, 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:

Jack E. Warner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/02/2007

Date

574-536-0200

Daytime Phone #

FILED

07 APR -6 PM 4: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

03.07
94

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida **09/20/1993**

5. FEI Number
650439514

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.