

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 # **p 94000022038**

1. Corporation Name

LAUDERDALE RIVIERA ASSOCIATES, INCL.

Principal Place of Business

Mailing Address

FILED

97 MAY 27 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 95-97

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

2. New Principal Office Address, If Applicable 505 N. Atlantic Blvd.		3. New Mailing Office Address, If Applicable 505 N. Atlantic Blvd.		4. Date Incorporated or Qualified To Do Business in Florida March 18, 1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-047 8066	
City & State Ft. Lauderdale, Florida		City & State Ft. Lauderdale, Florida		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Zip 33304	Country US	Zip 33304	Country US	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
P/D	Patrick J. Flavin	505 N. Atlantic Blvd. Ft. Lauderdale, FL 33304	
VP/D	John P. Day	505 N. Atlantic Blvd. Ft. Lauderdale, FL 33304	
S/D	Laurence A. Maurer	505 N. Atlantic Blvd. Ft. Lauderdale, FL 33304	400002196684-7 05/30/97 01103 008 ***1080.00 ***1080.00
D	Bob Gill	505 N. Atlantic Blvd. Ft. Lauderdale, FL 33304	
D	Ray Bowden	505 N. Atlantic Blvd. Ft. Lauderdale, FL 33304	
			5/28/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Robert M. Bulfin
2826 B. Oakland Park Blvd.
Ft. Lauderdale, FL 33307

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.

Signature of
Registered Agent

Robert M. Bulfin
REGISTERED AGENT MUST SIGN

Date

5/21/97

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 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:

Laurence A. Maurer

Laurence A. Maurer

5/21/97

(954) 565-4433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (12/96)