

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 DEC -9 AM 9:14

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000074662

1. Corporation Name

Sail On, Inc.

REINSTATEMENT 95-10

2. Principal Office Address - No P.O. Box #

10101 Collins Ave.

3. Mailing Office Address

c/o 350 East Las Olas Blvd.

Suite, Apt. #, etc.

14B

Suite, Apt. #, etc.

Suite 970

City & State

Bal Harbour, FL

City & State

Fort Lauderdale, FL

Zip

33154

Country

USA

Zip

33301

Country

USA

95-10

CR2E081 (6/10)

2012/10

4. Date Incorporated or Qualified
To Do Business in Florida

October 11, 1994

5. FEI Number

65-0530775

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Leonard Oshinsky

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

350 East Las Olas Boulevard

Suite, Apt. #, Etc.

Suite 970

City

Fort Lauderdale

State

FL

Zip Code

33301

500188500865
12/08/10--01017--006 **3052.50

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

Leonard Oshinsky
REGISTERED AGENT MUST SIGN

Date 11-30-2010

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/P	Elias Landsmanas	10101 Collins Ave., Apt. 14B	Bal Harbour, FL 33154
DVP/S	Ivonne Stern de Landsmanas	10101 Collins Ave., Apt. 14B	Bal Harbour, FL 33154

10. E-mail Address: loshinsky@aol.com

(To be used for future annual report notification)

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. I further certify, 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:

ELIAS LANDSMANAS

Nov. 30-2010 954-527-4100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #