

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

98 JUL 29 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000051733

1. Corporation Name

LAZY RIVER, INC.

Principal Place of Business

Mailing Address

51 S.W. 9 STREET
MIAMI, FL 33130

51 S.W. 9 STREET
MIAMI, FL 33130

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

2. New Principal Office Address, If Applicable

1501 S.W. LEJEUNE RD

3. New Mailing Office Address, If Applicable

P.O. BOX 14-1156

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

06/29/95

5. FEI Number

59-3492395

Applied For

Not Applicable

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

Zip

33114-1156

Country

USA

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
C.E.O.	RUSSELL BERTOLD	51 S.W. 9 STREET	MIAMI, FL 33130
			800002604648---4 -07/31/98--01100--006 ***\$900.00--***\$900.00
			REINSTATEMENT 9/2/98 B 7/30

8. Name and Address of Current Registered Agent

JEFFREY TEW
210 SOUTH BISCAYNE BLVD., STE 340
MIAMI, FL 33131

9. Name and Address of New Registered Agent

Name
TERRY J. FORMAN
Street Address (P.O. Box Number is Not Acceptable)
1501 S.W. LEJEUNE RD
Suite, Apt. #, Etc.

City
CORAL GABLES

State Zip Code
FL 33134

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

REGISTERED AGENT MUST SIGN

Date

7/2/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #