

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -5 AM 11:07

DOCUMENT # P99000106990

1. Corporation Name

BIMINI LANDING, INC.

Principal Place of Business

Mailing Address

3420 SOUTH DIXIE HIGHWAY
MIAMI FL 33133

3420 SOUTH DIXIE HIGHWAY
MIAMI FL 33133



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

REINSTATEMENT

00-01

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/1999

Suite, Apt. #, etc.

3420 Bird Avenue

Suite, Apt. #, etc.

3420 Bird Avenue

City & State

City & State

5. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	CONFALONE, JAMES	3420 SOUTH DIXIE HIGHWAY 3420 Bird Avenue	MIAMI FL 33133

000003829380--9
-03/09/01--01141--001
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CONFALONE, JAMES
3420 SOUTH DIXIE HIGHWAY
MIAMI FL 33133

Name

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

3420 Bird Avenue

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

James Confalone

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 2/13/01

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Confalone

Date

2/13/01

Daytime Phone #

AD

CR2E040 (8/00)