## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMEN



FLORIDA DEPARTMENT OF STATE
Jim Smith

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

7,65823

1. Corporation Name

ADVIODEV	COLINICIL ON	LINDEDWATED	ARCHAEOLOGY,	INIA
ADVISORT	CODINCIL ON	CHACKANIEL	AITOI IALULUUI,	1114

Principal Place of Business

1800 MARSTON PLACE
TALLAHASSEE FL-92312

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Mailing Address

1800 MARSTON PLACE TALLAHASSEE FL-32312-

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

2. New Principal Office Address, If Applicable,
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

2. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.

City & State

Date Incorporated or Qualified
 To Do Business in Florida

5. FEI Number 59-2373559

- **400023020794** 09/12/03--01055--004 \*\*122.50

6. CERTIFICATE OF STATUS DESIRED

03 SEP 10 PM 3: 33

11/19/1982

13/ 1302 Applie

Applied For Not Applicable

\$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) Name of Officers Street Address of Each City / State / Zip Title(s) Officer and/or Director <sup>3</sup>and/or Directors CORPUS CHRISTITY Adula de SA CAPPELL TON CARPUS CHRISTI MUSEUM Finders ABAN. 5001 Austra Flinders Arthus Mad Staniforth CHARLESTON SC CHARLESTON MUSEUM NEYLAND, ROBERT VANCOUVER MARITIME MUSUEM VANCOUVER, BC CANADA S WOODWARD, ROBYN T FISCHER, GEORGE R FLORIDA STATE UNIVERSITY TALLAHASSEE FL D AMER, CHRISTOPHER F INSTITUTE OF ARCHAEOLOGY & ANTHR **COLUMBIA SC** D CAYMAN ISLAND NATIONAL MUSEUM GRAND CAYMAN, ISLAND CAYMAN BW LESHIKAR-DENTON, MARGARET

Country

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FISCHER, GEORGE R.	*.5
	نن <sup>و</sup> د
1800 MARSTON PLACE TALLAHASSEE FL <del>32342</del>	
INLLADASSEE FL SESTE	<del>04</del> 20

32308

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

Suite, Apt. #, Etc.

City

Name

State 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. or 617.0505, F.S.

Signature of Registered Agent REQUIRED AGENT MUST SIGN

Date 3017, 2008

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/03

Daytime

Date

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Daytime Phone #

## September 8, 2003

We did not receive notice for this year. When I talked to reinstatement office, I was told that it had been returned as undeliverable. The address is correct except for the ZIP. Please waive the reinstatement fee and accept this check for \$122.50 for 2002 & 2003. Please be sure that our ZIP is corrected.

Thank You.

George R. Fischer, Treasurer

Advisory Council on Underwater Archaeology, Inc.

1800 Marston Place

Tallahassee, FL 32308