PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1996 NOV -6 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N04164**

1. Corporation Name

CAVE DIVING SECTION OF THE NATIONAL SPELEOLOGICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
P O BOX 950 BRANFORD FL 32008-7950	P O BOX 950 BRANFORD FL 32008-7950

REINSTATEMENT w/post 11/8/96

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business In Florida: 07/13/1984

5. FEI Number: 59-2437883 ☐ Applied For ☐ Not Applicable

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
~~D~~ CD	HIRES, LAMAR	RT 14 BOX 162	LAKE CITY FL 32055
~~SD~~ TSD	BROOME, GENE	406 PLANT STREET	BRANFORD FL
~~CD~~ D	~~ODOM, JOE~~ Pete Butt	~~452 AIRPORT RD., S.W.~~ P.O. Box 1057	~~HARTSELLE AL~~ High Springs, FL 32655
~~TD~~ D	~~A RICK WOLFE~~ Wayne Marshall	3350 PLEASENT HILL ROAD SPT 1019 209 Margaret St.	~~DULUTH GA~~ Seffner, FL
~~VD~~ D	~~BOXLEY, J WATSON~~ Woody Jasper	90 KAREN CAMILLE 23534 NW 196th Terrace	~~LAWRENCEVILLE FL~~ High Springs, FL
D	J. Scott Landon	6960 Salida Lane	Beaumont, Tx

8. Name and Address of Current Registered Agent

TASSO, ERIC P
4929 NW 71ST PLACE
GAINESVILLE FL 32653

9. Name and Address of New Registered Agent

Name: G. David Brewer
Street Address (P.O. Box Number is Not Acceptable): 1420 South First Street
Suite, Apt. #, Etc.:
City: Lake City State: FL Zip Code: 32025

500002003635--1
11/13/96--01176--015
****245.00 ****245.00

CR2E040 (7/96)

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: [signature] Date: 11-4-96
REGISTERED AGENT MUST SIGN

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: [signature] 11-4-96 904-752-1087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #