

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUL 09 AM 11:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N 37080

1. Corporation Name  
**NATIONAL ACADEMY of POLICE DIVING, INC.  
(NAPD)**

2. Principal Office Address  
**14254 SW 285 TR**

3. Mailing Office Address  
**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**HOMESTEAD FL**

City & State

Zip Country  
**33033 USA**

Zip Country

**REINSTATEMENT 03-04**

4. Date Incorporated or Qualified To Do Business in Florida  
5. FEI Number **65-0177556**  
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  
**GAST, Michael W**  
Street Address (P.O. Box Number is Not Acceptable)  
**90 NW 189 ST**  
Suite, Apt. #, Etc.  
City  
**MIAMI**  
State  
**FL**  
Zip Code  
**33169**  
900038939159  
07/09/04--01050--001 \*\*297.50

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 **Michael W Gast** Date **05-15-04**  
REGISTERED AGENT MUST SIGN

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
PD	GAST, Michael W	90 NW 189 ST	MIAMI FL 33169
D	TOY, Paul	730 NE 165 ST	NO. MIAMI BEACH 33162
D	HOFF, Randy	6500 PRADO BLVD.	CORAL GABLES FL 33143
D	HOLLAND, Kevin C	16940 SW 119 AVE	MIAMI FL 33177
D	MOXLEY, Donald	4300 SHERIDAN ST	HOLLYWOOD FL 33024
D	ROQUE Oscar	7617 SW 117 AVE	MIAMI FL 33173

10. 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: **Michael W Gast** Date **07-02-04** Daytime Phone # **786 402 2897**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)