PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 16 AM 8:00

DOCUMENT # PO1000056379

1. Corporation Name

Orlando Scuba Center Inc.

REINSTATEMENT 02-03

700023110287
09/16/03--01067--001 **900.00

2. Principal Office Address	**3.** Mailing Office Address
907 SR. 436	1091 Needlewood Loop
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gasselberry, FLorida	City & State: Oviedo, FLorida
Zip: 32707 Country: USA	Zip: 32765 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 06/07/2001

5. FEI Number: 59-3724038 ☐ Applied For ☐ Not Applicable

MRS

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: DAVID BADALI

Street Address (P.O. Box Number is Not Acceptable): 1091 NEEDLEWOOD LOOP

Suite, Apt. #, Etc.:

City: OVIEDO State: FL Zip Code: 32765

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: D Badali Date: 4/21/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
Owner	David Badali	1091 Needlewood Loop	Oviedo, Florida 32765

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: D Badali DAVID BADALI 4/21/03 407 339-4444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

per David Badali 9/17/03 MRS