

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR **REINSTATEMENT**

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

DOCUMENT # **N 37080** **W97-22578**

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

APPROVED AND FILED

1997 OCT 17 AM 10:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

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

2. New Principal Office Address, If Applicable <b>90 N.W. 189 STREET</b> Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable <b>1234 S. DIXIE HWY</b> Suite, Apt. #, etc. <b>160</b> City & State <b>CORAL GABLES, FL.</b>	4. Date Incorporated or Qualified To Do Business in Florida <b>03-09-90</b>
City & State <b>MIAMI, FL.</b>	City & State <b>CORAL GABLES, FL.</b>	5. FEI Number <b>65-0177556</b>
Zip <b>33169</b>	Country <b>US</b>	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	MICHAEL W. GAST	90 N.W. 189 STREET	MIAMI, FL. 33169
V/D	DONALD MOXLEY	4300 SHERIDAN STREET #232	HOLLYWOOD, FL. 33024
S/D	RANDY HOFF	16500 PRADO BLVD	CORAL GABLES, FL. 33143
T/D	KEVIN C. HOLLAND	16940 S.W. 119 AVE	MIAMI, FL. 33177
D	PAUL G. TOY	12121 S.W. 100 STREET	MIAMI, FL. 33186

8. Name and Address of Current Registered Agent <b>MICHAEL W. GAST</b> <b>90 N.W. 189 STREET</b> <b>MIAMI, FL. 33169</b>	9. Name and Address of New Registered Agent Name <b>9000002325299-3</b> Street Address (P.O. Box Number is Not Allowed) <b>111491/97-01027-006</b> Suite, Apt. #, Etc. <b>****481.25 ****481.25</b> City <b>FL</b> State Zip Code
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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 **Michael W. Gast** Date **10-06-97**

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: **Randy Hoff** **RANDY HOFF - SECRETARY** **09-10-97** **305.646.9096**

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