

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 FEB -5 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

300282

1. Corporation Name

Suboceanic Consultants Incorporated

2. Principal Office Address

4600 Enterprise Avenue

Suite, Apt. #, etc.

Suite C

City & State

Naples, FL

Zip

34104

Country

Collier

3. Mailing Office Address

4600 Enterprise Avenue

Suite, Apt. #, etc.

Suite C

City & State

Naples, FL

Zip

34104

Country

Collier

REINSTATEMENT

00-02

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-1142222

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

James E. Willis, Attorney at Law

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

501 Goodlette Rd North

Suite, Apt. #, Etc.

D100

City

Naples

State
FLZip Code
34102

200004932062--3

02/18/02-D1005-020

***1050.00 ***1050.00

118

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

REGISTERED AGENT MUST SIGN

Date

2/1/02

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
Pres.	Robert Crawford	4794 West Blvd.	Naples, FL 34103
Treas.	Robert Crawford	4794 West Blvd.	Naples, FL 34103
Sec.	Dorothy M. Crawford	4794 West Blvd.	Naples, FL 34103
Dir.	James E. Willis	501 Goodlette Rd No D100	Naples, FL 34102

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