

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 1:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

DOCUMENT # 306282

1. Corporation Name

SUBOCEANIC CONSULTANTS INCORPORATED

Principal Place of Business

Mailing Address

4600 ENTERPRISE AVENUE  
STE. C  
NAPLES FL 34104  
US

4600 ENTERPRISE AVENUE  
STE. C  
NAPLES FL 34104  
US

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

06/17/1966

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. 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	City / State / Zip 4
PT	CRAWFORD, ROBERT	<del>4794 WEST BLVD.</del> 120 Feagin Ave.	NAPLES FL 34103 Monroeville AL 36460
S	CRAWFORD, DOROTHY M	<del>4794 WEST BLVD.</del> 120 Feagin Ave.	NAPLES FL 34103 Monroeville AL 36460
D	WILLIS, JAMES E	501 GOODLETTE ROAD NORTH, D100	NAPLES FL 34102

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILLIS, JAMES E ATTY  
501 GOODLETTE ROAD NORTH  
D100  
NAPLES FL 34102

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

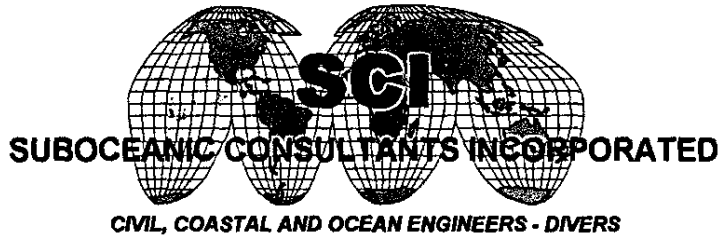
11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the 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:

*Robert A. Crawford* (Robert A. Crawford)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/03 (239) 261-2025  
Date Daytime Phone #

CR20040 (7/03)



October 15, 2003

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1550

Gentlemen:

This is the first notice our corporation received. The prior notice must have been lost in the mail. It is my understanding that the late fee can be waived when a prior notice is not received. I therefore respectfully request that the late fee be waived. The completed report and a check for the original \$150.00 filing fee are enclosed.

Sincerely yours,

SUBOCEANIC CONSULTANTS, INC.

Robert A. Crawford, President

ENCLOSURE

4600 Enterprise Ave., Suite C, Naples, Florida 34104  
Tel: (239) 261-2025 • Fax: (239) 261-2295