PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 NOV -8 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 569388

1. Corporation Name

HARRILL DIVING CONTRACTORS, INC.

Principal Place of Business	Mailing Address
20301 SW 316 ST PO BOX 1588 HOMESTEAD FL 33030 US	PO BOX 188 CHAPIN SC 29036 US

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

[redacted]

REINSTATEMENT 99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
PO. BOX 188	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Chapin SC	City & State
Zip 29036 Country Lexington	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida: 04/24/1978

5. FEI Number: 59-1821232 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ [redacted]

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	4 City / State / Zip
ST	HARRILL, MARIE Delete	20301 S W 316 STREET	HOMESTEAD, FL 33030
PD	HARRILL, BERNARD P, JR	20301 S W 316 STREET	HOMESTEAD, FL 33030

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-11/19/99--01087--010
****750.00 ****750.00
LS

8. Name and Address of Current Registered Agent

HARRILL, BERNARD P, JR
20301 S W 316 STREET
HOMESTEAD FL 33030

9. Name and Address of New Registered Agent

Name: Rad Pastran CPA's
Street Address (P.O. Box Number is Not Acceptable): 333 NE 8 ST.
Suite, Apt. #, Etc.:
City: Homestead State: FL Zip Code: 33030

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: [signature] Date: 10/25/99
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 61 ', 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 111.07(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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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