

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F07000004819

FILED
Oct 30, 2009
Secretary of State

Entity Name: SURVIVOR DIVER INCORPORATED

Current Principal Place of Business:

1100 E. RIVERSIDE AVE.
CAPE CORAL, FL 33915

New Principal Place of Business:

1100 E. RIVERSIDE AVE.
CAPE CORAL, FL 33914

Current Mailing Address:

P. O. BOX 151868
CAPE CORAL, FL 33915

New Mailing Address:

SURFSIDE BLVD
CAPE CORAL, FL 33914

FEI Number: 52-2324880 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TAYLOR, LISA C
3106 SURFSIDE BLVD.
CAPE CORAL, FL 33914 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LISA C TAYLOR

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TAYLOR, LISA
Address: 3106 SURFSIDE BLVD.
City-St-Zip: CAPE CORAL, FL 33914

Title: V () Delete
Name: TAYLOR, JOSEPH
Address: 3106 SURFSIDE BLVD.
City-St-Zip: CAPE CORAL, FL 33914

Title: T () Delete
Name: JENKINS, LINDA
Address: 7025 NEW POST RD.
City-St-Zip: FT. MYERS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA C TAYLOR

PRES

10/30/2009

Electronic Signature of Signing Officer or Director

Date