PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE * APPLICATION of Sandra B. Mortham FILED Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 98 APR 15 AM 11:30 **DOCUMENT** # F31160 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name UNDER SEA WORLD ENTERPRISES, INC. Principal Place of Business Mailing Address 510 DODECANESE BLVD. 510 DODEGANESE BLVD. TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689 If above addresses are incorrect in any way, line through incorrect information and enter correction below. Date Incorporated or Qualified
To Do Business in Florida 2. New Principal Office Address, If Applicable 3 New Mailing Office Address, It Applicable 04/17/1981 Sulte, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 59-1793197 City & State City & State Not Applicable 6 \$8.75 Additional Fee required for a Certificate of Status Zip Country Country CERTIFICATE OF STATUS DESIRE 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors City / State / Zip Title(s) P KOULIANOS, THEO 510 DODECANESE BLVD. TARPON SPRINGS FL VS KOULIANOS, EVELYN M 510 DODECANESE BLVD. TARPON SPRINGS FL 600002494626 -04/21/93 --01021 --014 *****908.75 *****908.7 ****908.75 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agen Name KOULIANOS, THEO Street Address (P.O. Box Number is Not Acceptable) 510 DODECANESE BLVD. TARPON SPRINGS FL 34689 Suite, Apl. #, Etc. City Zip Code 10. I, being appointed the registered agunt of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent _ 11. This corporation owes or has paid the current year (See other side for information Intangible Personal Property tax due June 30. 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 appurate, and my signature shall have the same legal effect as if made under eath.

SIGNATURE: