

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 JAN 15 PM 3:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F93000004980

1. Corporation Name

Nekton Diving Cruises, Inc.

2. Principal Office Address - No P.O. Box #

520 SE 32nd Street

Suite, Apt. #, etc.

City & State

Fort Lauderdale

Zip

33316

Country

USA

3. Mailing Office Address

520 SE 32nd Street

Suite, Apt. #, etc.

City & State

Fort Lauderdale

Zip

33316

Country

USA

700166322607  
01/15/10--01006--020 \*\*1500.00  
CR25081 (11/00)

**REINSTATEMENT 01-10**

4. Date Incorporated or Qualified  
To Do Business in Florida 1994

5. FEI Number

65-0444701

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

John Dixon

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

520 SE 32nd Street

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33316

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*John Dixon, Registered Agent*  
REGISTERED AGENT MUST SIGN

Date January 14, 2010

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
DPS	John Dixon	520 SE 32nd Street	Fort Lauderdale, FL 33316

10. E-mail Address: John@NektonCruises.com

(To be used for future annual report notification)

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. I further certify, 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:

*John Dixon*

President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 14, 2010 954-463-9324

Date

Daytime Phone #