

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS



APPROVED  
AND  
FILED

1998 JAN 20 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G30222**  
1. Corporation Name **AQUANAUT SCUBA CENTER INC.**

Principal Place of Business  
**500 HWY 98  
Destin FL 32541**

Mailing Address  
**PO Box 651  
Destin FL 32540**

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-2889549</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	<b>Robert Butler</b>		<b>23 Alexander Pl Fort Walton Beach FL 32548</b>
Sec.			
Treasurer			

700002409207--7  
-01/22/98--01095--014  
\*\*\*1895.00 \*\*\*1895.00

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

**Robert Butler  
23 Alexander Pl  
Fort Walton Beach FL 32548**

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State / 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.

Signature of Registered Agent **Robert Butler**  
REGISTERED AGENT MUST SIGN

Date **1/15/98**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information 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 accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **Robert Butler**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/15/98** 850 837-0359  
Daytime Phone #

CR2E040 (12/96)