PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # H57299
Corporation Name TAVERNIER DIVE CENTER, INC.

2. Principal Office Address	3. Mailing Office Address
160 MOHAWK ST.	160 MOHAWK ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAVERNIER, FL	City & State: TAVERNIER, FL
Zip: 33070 Country: USA	Zip: 33070 Country: USA

REINSTATEMENT 9980

4. Date Incorporated or Qualified To Do Business In Florida: 5/13/85

5. FEI Number: 59-2550986 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: DIANA B. RIDDICK

Street Address (P.O. Box Number is Not Acceptable): 160 MOHAWK ST.

Suite, Apt. #, Etc.:

City: TAVERNIER State: FL Zip Code: 33070

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: Diana B. Riddick Date: 11/28/00
REGISTERED AGENT MUST SIGN

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
PRES VP	JOHN L. RIDDICK	160 MOHAWK ST.	TAVERNIER, FL 33070
SEC TREAS	DIANA B. RIDDICK	160 MOHAWK ST.	TAVERNIER, FL 33070

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10. 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.

KE

SIGNATURE: Diana B. Riddick (DIANA B. RIDDICK) 11/28/00 352/498-2603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Nov 28 '00 12:15 P.02 Fax:8506816011 DOC SERVICES