

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # J141065

1. Corporation Name

U.S. 1 SCUBA SUPPLY INC

Principal Place of Business

Mailing Address

15 NORTH Federal Highway
Pompano Beach, FL 33062

15 NORTH Federal Highway
Pompano Beach, FL 33062

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

5/13/86

5. FEI Number

59-2667911

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PST	PETER PALLOTTA	15 N. Federal Highway Pompano Beach, FL 33062	Pompano Beach, FL 33062

000002832160--2
-04/07/99--01071--009
****800.00 ****800.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRIAN GOLDENBERG
12513 N. VINEWOOD DR
MIAMI, FL 33186

Name PETER PALLOTTA
Street Address (P.O. Box Number is Not Acceptable)
15 N. Federal Highway
Suite, Apt. #, Etc

City Pompano Beach

State FL Zip Code 33062

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

REGISTERED AGENT MUST SIGN

Date MARCH 23, 1999

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 23, 1999 954 946-6055
Date Daytime Phone #