

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 SEP 23 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 0000000 8642

1. Limited Liability Company's Name

AQUA-NUTS DIVE CENTER, LLC
REINSTATEMENT

400008113524--2
-10/01/02--01008--017
****200.00 ****200.00

| | | | |
|--|----------------|--|----------------|
| 2. Principal Office Address 104220 OVERSEAS HIGHWAY | | 3. Mailing Office Address 104220 OVERSEAS HIGHWAY | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State KEY LARGO, FLORIDA | | City & State KEY LARGO, FLORIDA | |
| Zip 33037 | Country USA | Zip 33037 | Country USA |

| | |
|---|-------------------------------|
| 4. State/Country of Formation FLORIDA/USA | |
| 5. Date Organized or Qualified To Do Business in Florida 07/07/2000 | |
| 6. FEI Number 65-1000023 | Applied For Not Applicable |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |

8. Name and Address of Current Registered Agent

| | |
|---|-------------------|
| Name THALER, SHIRLEE A | |
| Street Address (P.O. Box Number is Not Acceptable) 104220 OVERSEAS HIGHWAY | |
| Suite, Apt. #, Etc. | |
| City KEY LARGO | State FL |
| | Zip Code 33037 |

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent Shirlee Thaler
REGISTERED AGENT MUST SIGN

Date 09/12/02

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|--------|--------------------------------------|---|--------------------------|
| PRES | THALER, RICHARD DAVID JR. | 12 JEWFISH AVENUE | KEY LARGO, FLORIDA 33037 |
| VICE P | THALER, SHIRLEE A | 104220 OVERSEAS HIGHWAY | KEY LARGO, FLORIDA 33037 |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT 01.08
dec

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager Richard David Thaler Jr. Date 9-12-02 Daytime Phone # (305) 451-1622

Typed or printed name of signing Managing Member/Manager RICHARD DAVID THALER JR.

CR2E041 (9/01)