

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 JUN 13 PM 2:07

CR2E041 (1/07)

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000048165

1. Limited Liability Company's Name

OCEAN SAFARI DIVING ADVENTURES LLC
677 SW 1st Street
MIAMI FLORIDA 33130

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

677 SW 1st

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

FLOR

Zip

33130

Country

USA

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

TRICK, WILLIAM WATSON JR.

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

1216 E. ATLANTIC BLVD SUITE 7

Suite, Apt. #, Etc.

SUITE 7

City

POMPANO BEACH FL.

State

FL

Zip Code

33060

☒ A \$100 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 \$100
reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date 4/25/07.

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
MGRM	ROBERT QUINTANA	677 SW 1st Street	MIAMI FL 33130
MGRM	MAGALY QUINTANA	677 SW 1st Street	MIAMI FL 33130
	MARTA QUINTANA	Delete	
	DOMINGO GONZALEZ	Delete	

400104457124
06/19/07--01000-000 \$295.00

REINSTATEMENT 04-07

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

Date 4/25/07

Daytime Phone# 305.393.0244

Typed or printed name of signing Managing Member/Manager