

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L05646**

1. Corporation Name

PEARL DIVER I, INC.

Principal Place of Business

P.O. BOX 4810
PANAMA CITY FL 32401-810
US

Mailing Address

P.O. BOX 4810
PANAMA CITY FL 32401-810
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/08/1989

5. FEI Number

65-0135986

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	CLAUSS, GORDON G.	3415 -10 W. 19TH ST.	PANAMA CITY FL 32405
VD	CLAUSS, HELEN E	4281 WOODBRIER DRIVE	FORT MYERS FL 33905

REINSTATEMENT 03

300024430153
11/05/03--01013--018 **750.00

8. Name and Address of Current Registered Agent

CLAUSS, HELEN E
3415-10 W 19TH ST
PANAMA CITY FL 32405

9. Name and Address of New Registered Agent

Name **Lois La Seur**
Street Address (P.O. Box Number is Not Acceptable)
7837 Campflowers Rd
Suite, Apt. #, Etc.
City **Youngstown** State **FL** Zip Code **32466**

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **10-15-03**

11. 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

Date

Daytime Phone #

10/15/03 850 866 3477

CR2040 (7/03)