

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L08000033237

1. Limited Liability Company's Name

**CALYPSO DIVERS LLC**

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

401 E BEARSS AVE

Suite, Apt. #, etc.

City & State

TAMPA FLORIDA

Zip

33613

Country

USA

3. Mailing Office Address

401 E BEARSS AVE

Suite, Apt. #, etc.

City & State

TAMPA FLORIDA

Zip

33613

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified  
To Do Business in Florida

04/01/2008

6. FEI Number

073-36-6889

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 **EDWARD W KRAWCZYK**

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

401 E BEARSS AVE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33613

E-mail Address:

**100215826051**  
01/03/12--01042--024 \*\*516.25

**EWK@CALYPSODIVERSINC.COM**

(To be used for future annual report notices)

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

*EW Krawczyk*

Date **27 Dec 2011**

REGISTERED AGENT MUST SIGN

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	KRAWCZYK, EDWARD W	401 E BEARSS AVE	TAMPA FLORIDA 33613
MGRM	KRAWCZYK, MARGERY R	401 E BEARSS AVE	TAMPA FLORIDA 33613

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager

*EW Krawczyk*

Date **27 DEC 2011**

Daytime Phone # **813-969-3483**

Typed or printed name of signing Managing Member/Manager **EDWARD W KRAWCZYK**

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
12 JAN 13 AM 11:24

CR2E041 (1/11)

To Whom it may concern:

My name is Edward Krawczyk, I have the same name as a corporation by the name Calypso Divers Inc. document # P01000097221. Please reinstate my LLC with the same name.

Thanks

EW Krawczyk



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

12 JAN 13 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 6, 2012

CALYPSO DIVERS LLC  
401 E BEARSS AVE  
TAMPA, FL 33613

SUBJECT: CALYPSO DIVERS, LLC  
Ref. Number: L08000033237

We have received your document for CALYPSO DIVERS, LLC and check(s) totaling \$516.25. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$138.75. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II

Letter Number: 012A00000376