PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED

15 JUN 16 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L13000176135

1. Limited Liability Company's Name
PALM BEACH DIVING SERVICE, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4636 Summit Blvd	4636 Summit Blvd
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: West Palm Beach, FL	City & State: West Palm Beach, FL
Zip: 33415 Country: USA	Zip: 33415 Country: usa

CR2E041 (1/14)

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business In Florida: 12/23/2013

6. FEI Number: 46-4494279 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a certificate of status

400274086124

8. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.: 1201 Hays Street

City: Tallahasse | State: FL | Zip Code: 32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with, and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: [signature] Courtney Williams Asst. Vice President Date: 06.16.15

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AMBR	MICHAEL V. FLAKE	4636 Summit Blvd	West Palm Beach, FL 33415

11. E-mail Address: MikeFlake49@Gmail.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member: [signature] Date: 6/11/15 Daytime Phone #: 561-633-3178

Typed or printed name of signing authorized representative/member: MICHAEL V. FLAKE, MEMBER

MW

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 594648 7973655

AUTHORIZATION :

COST LIMIT : $ 377.50

ORDER DATE : April 17, 2015

ORDER TIME : 10:06 AM

ORDER NO. : 594648-010

CUSTOMER NO: 7973655

DOMESTIC FILINGS

NAME: PALM BEACH DIVING SERVICE, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____