

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN 31 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L490000008581**

1. Limited Liability Company's Name

UNDERWATER EXPLORERS DIVING CENTER, LLC

2. Principal Office Address

12600 McGregor Blvd.

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33919

Country

US

3. Mailing Office Address

12600 McGregor Blvd.

Suite, Apt. #, etc.

City & State

Fort Myers, FL

Zip

33919

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

12-8-99

6. FEI Number

65-0966210

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

Shane Waruszewski

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

Underwater Explorers Diving Center, LLC

Suite, Apt. #, Etc.

12600 McGregor Boulevard

City

Fort Myers

State

FL

Zip Code

33919

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

Shane Waruszewski REGISTERED AGENT MUST SIGN

Date 01/26/01

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
Mgr.	Shane Waruszewski	12600 McGregor Blvd.	Fort Myers, FL 33919

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

Shane Waruszewski

Date

01/26/01

Daytime Phone #

941-481-4733

Typed or printed name of signing Managing Member/Manager

WARNER NORCROSS & JUDD LLP

ATTORNEYS AT LAW
400 TERRACE PLAZA
P.O. BOX 900
MUSKEGON, MICHIGAN 49443-0900
TELEPHONE (231) 727-2600
FAX (231) 727-2699

JEAN M. STEIN

(231) 727-2627
jstein@wnj.com

January 30, 2001

Via UPS Overnight

Ms. Tammy Cline
Document Specialist
Division of Corporations
Florida Department of State
409 E. Gaines Street
Tallahassee, FL 32399

Re: **UNDERWATER EXPLORERS DIVING CENTER, LLC**
Reference Number: L99000008581

Dear Ms. Cline:

Enclosed are the following documents:

1. Limited Liability Company Reinstatement form, completed as requested;
2. Our check in the amount of \$100.00 in payment of the fee for reinstatement;
3. Your letter dated January 17, 2001; and
4. Articles of Amendment to the Articles of Organization of Underwater Explorers Diving Center, LLC, as revised.

Please process the reinstatement form first, and then file the Articles of Amendment. We have used February 8, 2001, as the effective date of these Articles, as we would like the effective date to be as close to the actual filing date as possible. Please call me should there be any difficulty with filing the Articles on or before February 8th, as it is vital that the Articles be filed as soon as possible.

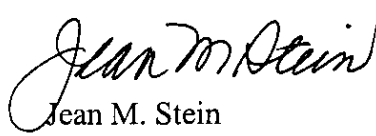
Division of Corporations

January 30, 2001

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As always, thank you in advance for your prompt assistance with these documents. I am available by phone to answer any questions, as are Attorneys James A. Kroger or Michael H. Schubert, should the need arise.

Very truly yours,

A handwritten signature in cursive script, reading "Jean M. Stein".

Jean M. Stein
Legal Assistant

/dd

Enclosures

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