

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

01 MAR 14 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M59666

1. Corporation Name

DIVER'S PARADISE OF KEY BISCAYNE, INC.

Principal Place of Business

1451 S.W. 102ND COURT
MIAMI FL 33174

Mailing Address

1451 S.W. 102ND COURT
MIAMI FL 33174

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

09/24/1987

5. FEI Number

65-0008803

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
D	CARTAYA, OMAR	1451 S.W. 102ND COURT	MIAMI FL 33174
			100003912791--4 -03/27/01--01090--017 ****750.00 ****750.00
			100003912791--4 -03/27/01--01090--018 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

RODRIGUEZ-FIOL, MANUEL M.
10651 N. KENDALL DRIVE
#200
MIAMI FL

9. Name and Address of New Registered Agent

Name Omar Cartaya
Street Address (P.O. Box Number is Not Acceptable) 1451 SW 102nd Ct
Suite, Apt. #, Etc.
City Miami State FL Zip Code 33174

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

MARCH 01/01

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 #

MARCH 01/01

CR2040 (8/00)