PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

98 NOV 19 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N03173**

1. Corporation Name

HOLIDAY ISLES MARINE TRAINING & RESCUE GROUP, I NC.

Principal Place of Business	Mailing Address
299 BOCO CIEGA DR MADEIRA BCH FL 33708 US	299 BOCO CIEGA DR MADEIRA BCH FL 33708 US

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

REINSTATEMENT 98

Date Incorporated or Qualified To Do Business In Florida: 05/18/1984

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

5. FEI Number: 59-2834825 — 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)

700002596817--5
-11/25/98--01071--003
****245.00 ****245.00

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City, State, Zip 4
~~PTD~~ PD	~~CRAWFORD, ROBERT M.~~ KEATING, BRENDA	~~19417 GULF BLFC, E113~~ 8780 79TH PL N	~~INDIAN SHORES FL~~ SEMINOLE, FL 33777
~~VP~~ VPD	~~KEATING, BRENDA L~~ DOLNEY, LEONARD	~~8780 79TH PL NO~~ 7289 79TH ST N	~~SEMINOLE FL~~ PINELLAS PARK, FL 33781
~~SD~~ TD	~~CRAWFORD, SHIRLEY M~~ HOLT, ANN	~~19417 GULF BLVD E113~~ 401 150TH AVE APT 322	~~INDIAN SHORES FL 34635~~ MADEIRA BEACH, FL 33708
~~D~~ SD	~~KEATING, RICHARD G~~ EATON, BONNIE	~~8780 79TH PL NO~~ 203 132ND AVE E	~~SEMINOLE FL~~ MADEIRA BEACH, FL 33708
~~D~~ D	~~PREMACK, RICHARD A~~ HOLT, KENNETH	~~9100 9TH ST N~~ 401 150TH AVE APT 322	~~ST PETE FL~~ MADEIRA BEACH, FL 33708
~~D~~ D	RIMEL, DON	6320 57TH AVE N	ST PETERSBURG FL 33709
D	AFFELD, TERRY	10221 SAILWIND BLVD S APT 104	LARGO, FL 33773

8. Name and Address of Current Registered Agent

~~CRAWFORD, ROBERT M~~
~~19417 GULF BLVD. E 113~~
~~INDIAN SHORES FL 34635~~

9. Name and Address of New Registered Agent 11-19-98

Name: ALONZO SCHULTZ
Street Address (P.O. Box Number is Not Acceptable): 2874 ROSEMARY DR
Suite, Apt. #, Etc.: PHONE# (727) 587-0680
City: LARGO | State: FL | Zip Code: 33770

CR2E040 (9/98)

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: SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN — Date: 11/17/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on Intangible tax.)

12. 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 REQUIRED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 11/17/98 Date — (727) 541-7965 Daytime Phone #