PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM PAGE INT

CORPORATION	NC
REINSTATEME	ENT



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS 02 NOV. -L PH 3: 0.1

FILED

THE AHACO

DOCUMENT	#	N	4	03	65	-
		•				

1. Corporation Name

Ocala Dive Club Inc

2. Principal Office Add 3934 NE	tress 21 Lane	3. Mailing Office A 3934 N 8	Address E 21: Lane	
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State		4. Date Incorporated or Qualified To Do Business in Florida /0/12/1990
Ocala F Zip 34470	Country	2ip 34470	Country	5. FEI Number Applied For Sq - 3075064 Not Applied For Not Applied For CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status
Suite, A	Yvonne J ddress (P.O. Box Numbe 3934 NE 2 ot. #, Etc.	Tohnson er is Not Acceptable)	and Address of Current F	State Zip Code FL 34470

8. I, being appoint	ed the registered agent of the	above named corporation, am familiar with and acc	ept the obligations of section 607.0505 or 617.0503, F.S.
Signature of Registered Agent	Twowne	Of Line	Date 10/18/02
Registered Agent _	7	REGISTERED AGENT MUST SIGN	

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Y	Ray Johnson	801 NE 42 Terr	Ocala FL 34470
V	William Boyer	3349 NE 28 AVE	Ocala FL 34479
7/3	Darlene Boyer	3349 NE 28 AVE	Ocala FL 34479
D	Richard Lytle	287 SE 50 Terr	Ocala FL 34471
D	Cammie Fairburn	850 NW 75 Terr	Ocala FL 34482
D	Bud Thayer	3455 NE 49 5+	Ocala FL 34479

10. 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 filling 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

CR2E081 (9/01)

Payertz

October 28, 2002

Department of State Division of Corporations PO Box 6327 Tallahassee FL 32314

RE: OCALA DIVE CLUB, INC. FEI #59-3075064

Enclosed please find a check in the amount of \$61.25 to pay the Non-Profit Corporation Annual Report and fee for the Ocala Dive Club. I apologize for the late remittance; however, we did not receive any notification at the time the report was due, nor any follow-up notice.

If you have any questions, please contact me at 3349 NE 28 Ave, Ocala FL 34479.

Sincerely,

Darlene A. Boyer, Treasurer

Darlane a. Boyer

Ocala Dive Club, Inc.