

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
97-93
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JAN -2 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N49005

1. Corporation Name
NASSAU VOLUNTEER DIVE RESCUE TEAM, INC.

Principal Place of Business Mailing Address
P.O. BOX 1833 P.O. BOX 1833
FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32034



REINSTATEMENT

AO

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

2. New Principal Office Address, If Applicable John O. Hailey Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 05/21/1992	
City & State		City & State		5. FEI Number 59-3115222	
Zip		Country		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	CLEMENTS, KEN	38 SANTA BARBARA ST.	YULEE FL
VD	KELLEY, MIKE	613 STARLEY DR.	FERNANDINA BCH FL
SD	LIPINSKI, MARK	P.O. BOX 1379 N/A	FERNANDINA BCH FL
TD	LIPINSKI, MARK	P.O. BOX 1379 N/A	FERNANDINA BCH FL
PD	John Hailey	C.R. 10B	Callahan, FL 32011
			700002392907--1 -01/07/98--01082--012

8. Name and Address of Current Registered Agent CLEMENTS, KEN 38 SANTA BARBARA ST. YULEE FL 32097		9. Name and Address of Registered Agent Name Mark Lipinski Street Address (P.O. Box Number is Not Acceptable) 794 Pelican Ln Suite, Apt. #, Etc. P.O. Box 1379 City Fernandina Beach State FL Zip Code 32035-1379	
---	--	---	--

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 *Mark B Lipinski* REGISTERED AGENT MUST SIGN Date **12-29-97**

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: *Mark B Lipinski* MARK B. LIPINSKI Date **12-29-97** Daytime Phone # **904-261-8931**

CR2E040 (8/97)