PLEASE READ A				OMPLET		QI.	
APPLICATION OF FLORIDA DEPARTMENT OF				E AND FILED			
FORM' Selection Se		Sandra B. Mortham		FILCD			
Secretary of S			1998 MAR 26 PM 3: 10				
100 p. c. o. p. 11/02			IATIONS	1			
DOCUMENT # N93000004195 1. Corporation Name				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Team Orlando Diving Inc Principal Placepol Business Mailing Address							
Principal Place of Business Mailing Address							
Orlando YMCA agratic Center							
Orlando YMCA agratic Center 5713 Clearview Pr Orlando FL 32819							
Ovienal PC 3 2017							
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable				4 Date Incorp	orated or Qualified A	VI 1001	
			**	4. Date Incorporated or Qualified May 14, 1997 To Do Business in Florida			
Suite, Apt. #, etc.	Suite, Apt. #,	elc.		5. FEI Number Applied For			
City & State	City & State			59-3198	271	Not Applicable	
Zip Country	Zıp	Country	,			\$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/o	r Director (Flor	rida nonprofit corporal	tions must list at leas	st 3 directors)			
Name of Officers		Stre	et Address of Each		City	/ State / Zie	
Title(s) and/or Directors		Officer and/or Director 3 (Do NOT Use Post Office Box N		(umbers) 4 City / State / Zip			
CEUD John J Leven Tr		5713 Clamar Di Ovla		ndv	ovlando Fi	32819	
3600 Clampood			road		aleal El-	32803	
V-Mes O Lynn Coldven		· · · · · · · · · · · · · · · · · · ·		7,000			
Tresp Backy Horner		472 18 Wildmen an			Long nood 32750		
						2980	
5				EINSTATEMENT BELLENS			
			n	0000024735102			
				-03/31/9301049002			
8. Name and Address of Current Re	egistered Age	nt	·	9. Name and A		10 Agent 297, UD	
Nema							
John T Lever Jr Street Address				Theren TV O. Box Number is Not Acceptable) Cleurnen Dr			
5713				Eleurneu Dr			
Suite, Apt. #, Etc.				,			
			City Bulande	FL		L 32819	
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 John John John John John John John John							
					•		
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. (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, 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.							
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SIGNATURE: SIGNATURE AND TYPED OR PRINT	EVELVE TED NAME OF SI	GWNG OFFICER OR DI	RECTOR	Feb	5 1998 4 Pate	07-248-062 8 Daylime Phone #	