

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC -2 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000004193**

1. Corporation Name

TEAM ORLANDO DIVING, INC.

Principal Place of Business

2618 RANGELEY CT.
ORLANDO FL 32835
US

Mailing Address

2618 RANGELEY CT.
ORLANDO FL 32835
US



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/10/1993

5. FEI Number

59-3198271

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
CEOP	LEREW, JOHN J	2618 RANGELEY CT.	ORLANDO FL 32835
D	LEREW, JOHN J	2618 RANGELEY CT.	ORLANDO FL 32835
VPD	LEREW, WENDY	2618 RANGELEY CT.	ORLANDO FL 32835
TD	HORNER, BECKY	472 E. WILDMERE AVE.	LONGWOOD FL 32750

8. Name and Address of Current Registered Agent

LEREW, JOHN J JR
2618 RANGELEY CT.
ORLANDO FL 32835

9. Name and Address of New Registered Agent

Name

Wendy Lewer

Street Address (P.O. Box Number is Not Acceptable)

2618 Rangeley Ct

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32835

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/28/2002

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #