

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 25 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 00000019503**

1. Corporation Name

OFFSHORE ADVENTURES, INC

REINSTATEMENT 03-04

100030946031

03/23/04--01097--026 **150.00

100030946031

03/23/04--01097--025 **150.00

2. Principal Office Address

884 NW 6th Terrace

3. Mailing Office Address

884 NW 6th Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33486

Country

USA

Zip

33486

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02-21-2000

5. FEI Number

65-0990260

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JAMES C. OLIVER

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

884 NW 6th Terrace

Suite, Apt. #, Etc.

City

Boca Raton FL

State

FL

Zip Code

33486

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

3-18-04

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
P	James C. Oliver	884 NW 6th Terrace	Boca Raton FL 33486
VP	Keri S. Oliver	884 NW 6th Terrace	Boca Raton FL 33486
ST	Patricia C. Oliver	6320 Boca Del Mar Dr #41	Boca Raton FL 33433

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Secretary
Treasurer

Date

3/18/04

Daytime Phone #

561-392-2558

CR2E081 (01/04)

Offshore Adventures, Inc.
884 NW 6th Terrace
Boca Raton, FL 33486
561.392.2558

March 3, 2004

Florida Dept. of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

00000019503

RE: Offshore Adventures, Inc.

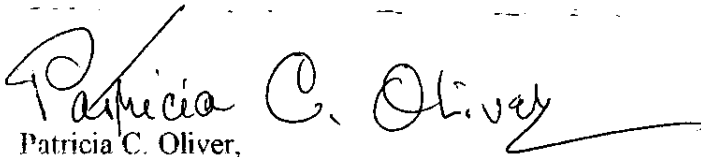
Offshore Adventures respectfully requests a waiver of the Florida Corporate Reinstatement Late Fee. We did not receive any notices for payment of the annual fee for the year 2003.

Obviously, if we did receive a notice we would have paid it since we were recently incorporated.

I found out about not receiving any notices by accident.
I was waiting for the annual notice from you for 2004, which has not arrived in the mail.
I contacted your web site and found Offshore Adventures as being dissolved by you for nonpayment. I didn't think this could be possible since I pay bills from statements all the time.

Please accept our request and enclosed is a check for \$150 for 2003.
I will send the 2004 check as soon as I receive the annual form from you.

I thank you and if you have any questions please call me at 561.392.2558.


Patricia C. Oliver,
Secretary, Treasurer

65-0990260