

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 25 PM 4:00

DOCUMENT # P00000037881

1. Corporation Name

UNDERWATER FLOTATION, INC.

2. Principal Office Address

1408-B STATE HWY 83

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 146

Suite, Apt. #, etc.

City & State

DEFUNIAK SPRINGS, FL

City & State

DEFUNIAK SPRINGS, FL

Zip

32433

Country

USA

Zip

32435

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

APRIL 13, 2000

5. FEI Number

59-3542269

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

LYNDEN COX

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

1408-B STATE HWY 83

Suite, Apt. #, Etc.

City

DEFUNIAK SPRINGS

State

FL

Zip Code

32433

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

Date

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
D	LYNDEN COX	1408-B STATE HWY 83	DEFUNIAK SPRINGS, FL 32433

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

Date

Daytime Phone #

1-24-00 850 892
6444

CR2E081 (9/01)