PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 29 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000072168

REINSTATEMENT 02-04

1. Corporation Name

Key Largo Island Adventures, Inc.

2. Principal Office Address	3. Mailing Office Address
104500 overseas Hwy	1954 Hwy 54, West
Suite, Apt. #, etc.: Unit C-402	Suite, Apt. #, etc.:
City & State: Key Largo, FL	City & State: Fayetteville GA
Zip: 33037 Country: USA	Zip: 30214 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 7/26/2000

5. FEI Number: 65-1040810 ☐ 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: Robert D. Caraway

Street Address (P.O. Box Number is Not Acceptable): 201 West Canal Drive

Suite, Apt. #, Etc.:

City: Key Largo State: FL Zip Code: 33037

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: Robert D Caraway Date: 10/28/04
REGISTERED AGENT MUST SIGN

CR2E061 (01/04)

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	Robert D. Caraway	201 West Canal Dr.	Key Largo, FL 33037
S/T	Kimberly G. Caraway	1954 Hwy 54, West	Fayetteville GA 30214

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10/29/04--01053--013 **1050.00

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: Kimberly G Caraway 10/28/04 770-487-0609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #