REINSTATEMENT.

FOR PROFIT CORPORATION ANNUAL REPORT

3

03-23-2005 90039 017 ***300.00
P00000082278
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 18 PM 4:37

DOCUMENT # P00000082278

1. Entity Name
DIVE CONNECTION, INC

REINSTATEMENT 04-05

Principal Place of Business
2445 SW 18th TERR
APT 614 702
FT LAUDERDALE, FL 33315

Mailing Address
2445 SW 18th Terr
Apt 614
FT, LAUDERDALE, FL 33315

03202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1037219 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JAN KOEKEMOER
2445 SW 18th TERR
Apt 614 702
FT LAUDERDALE, FL 33315

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 3/16/05
(Typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Jan Koekemoer
STREET ADDRESS	2445 SW 18th Terr
CITY-ST-ZIP	Ft Lauderdale, FL 33315
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3/16/05 954-455-8802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #