

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000084073

1. Corporation Name

IDEA SCUBA INC.

Principal Place of Business

6255 MERRILL RD
JACKSONVILLE FL 32277

Mailing Address

6255 MERRILL RD
JACKSONVILLE FL 32277

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
03 NOV -6 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

09/06/2000

5. FEI Number

NOT APPLICABLE

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	SCOGGINS, DAVID A	6255 MERRILL RD	JACKSONVILLE FL 32277

300024475373
11/06/03--01015--017 **150.00

8. Name and Address of Current Registered Agent

SCOGGINS, DAVID A
6255 MERRILL RD
JACKSONVILLE FL 32277

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

David A. Scoggins
REGISTERED AGENT MUST SIGN

Date

10/15/03

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:

David A. Scoggins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/15/03 904 744-5554

Oct. 30th, 2003

Florida Dept. of State
Divisions of Corporations
PO Box 6327
Tallahassee Fl. 32314.

Dear Sir,
Enclosed is the corporate renewal form. This is the only notification that I received I did not receive the other notices as discribed in your filing form. We have an outside mail box and and sometimes we don't always receive our mail. If I am eligible for reinstatement with the waiver please accept this application.

Thank you

A handwritten signature in black ink, appearing to read "David A. Scoggins". The signature is fluid and cursive, with a large initial "D" and a stylized "S".

David A. Scoggins