


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 4:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # P00000109481			
1. Corporation Name It's A Dive Island Adventures, Inc			
2. Principal Office Address 80001 Overseas Hwy Suite, Apt. #, etc.		3. Mailing Office Address 1954 Highway 54, West Suite, Apt. #, etc.	
City & State Islamorada, FL Zip 33036 Country USA		City & State Fayetteville, GA Zip 30214 Country USA	
		4. Date Incorporated or Qualified To Do Business in Florida 11/22/2000	
		5. FEI Number 06-1601142 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Robert W. Carawan			
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 W. Carawan		Date 10/28/04	
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
P	Robert W. Carawan	201 West Canal Dr.	Key Largo, FL 33037
S/T	Kimberly G. Carawan	1954 Hwy 54, West	Fayetteville GA 30214
800042314528 10/29/04--01053--015 **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. Carawan		Date 10/28/04	Daytime Phone # 770-487-6609
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CR2E081 (01/04)