

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUN 25 AM 4: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P01000056544

1. Corporation Name

Diversion Excursion Charters Inc.

REINSTATEMENT 07-09

200157767742
06/25/09--01004--014 **750.00

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

2705 N. Riverside Dr.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Florida

Zip

Country

33062

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

5. FEI Number

65-1112062

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

JERRY TURMAINE

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

5411 NW 53RD DR.

Suite, Apt. #, Etc.

City

COCONUT CREEK

State

FL

Zip Code

33079

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

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	Jerry Turmaine	5411 NW 53 RD DR.	COCONUT CREEK, FL. 33079
VP	Kelly Turmaine	5411 NW 53 RD DR.	COCONUT CREEK, FL. 33079
T	Jerry Turmaine	5411 NW 53 RD DR.	COCONUT CREEK, FL. 33079

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 contained in Chapter 119, 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

6-22-09 954.942.7333

Date

Daytime Phone #