## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2705 N. RIJER SI, LE Dr.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Country  Country  To Do Business in Florada  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 walved.  City  City  State  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 walved.  State   Zip Code   FL   33079  B. 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   Prior Company (Florada nonprofit corporations must list at least 3 directors)  Titles   Officer and/or Director   City / State / Zip    Company (Lock, FL   3307)  P. Jerum Townsing   State   Stat	CORPORATION REINSTATEMENT	Socratory of State		FILED 09 JUN 25 AM 4: 314		
REINSTATE II. 1 07 -  2. Principal Office Address - No P.O. Box # 2. Address   2001 1 5 7 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				CONLIARY OF STATE TALLAHASSEE, FLORIDA		
270 Suite. Apt. #, etc.  Suite. Apt. #, etc.  4. Date incorporated or Qualified To Do Business in Florida  City & State  Pown pano Beach, FL Flowing Zip Country Zip Country Zip Country  To Name and Address of Current Registered Agent  Name  JEQUATE TO WASHINGTON TO STATUS DESIRED  To Name and Address of Current Registered Agent  Name  JEQUATE TO WASHINGTON TO STATUS DESIRED  To Name and Address of Current Registered Agent  Xine Apt. #, Etc.  City  State  Library  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 of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Officers and/or Directors  Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Officers and/or Directors  Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Officers and/or Directors  Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Officers and/or Directors  Officers and/or Directors  Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Officers and/or Directors  Officer	Diversion Exernsion Charters INC.					
Suite, Apt. #, etc.  Suite, Apt. #, etc.  4. Data incorporated or Qualified To Do Business in Florida To Double For To Do Business in Florida To Double For To Dou	2. Principal Office Address - No P.O. Box #	incipal Office Address - No P.O. Box # 3. Mailing Office Address		CR2E081 (12/08)		
4. Date incorporated or Qualified To Do Business in Floridas	2705 N. Riverside Dr.	Riverside Dr.				
City & State    City & State   Country   Count	Suite. Apt. #, etc.	Suite, Apt. #, etc.				
## Pom pano Beach, FL Florida  The Country Support Country Support State Support State State Support State State Support State State Support State State Support State Support State State Support State State Support State State Support State State State Support State State State Support State S	City 9 State	City & State				
2p Country 33002 Country USA  7. Name and Address of Current Registered Agent  Name  Teach Tockholm Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Suite. Apt. #, Etc.  City Cocont Cook  FL 33079  State  Zip Code FL 33079  State  Zip Code FL 33079  Signature of Cocont Cook  Registered Agent  Registered Agent  Registered Agent  Registered Agent  Registered Agent  Titles  Name of Officers and/or Directors  Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Street Address and Corporations  Street Address of Each Officers and/or Directors  Street Address of Each  Officers and/or Directors  Street Address of Each  Officers and/or Directors  Street Address of Each  Officers and/or Directors  Street Address of Each  Officers and/or Directors  Street Address of Each  Officers and/or Directors  Street Address of Each  Officers and/or Directors  Street Address of Each  Officers and/or Directors  Street Address of Each  Officers and/or Directors  Cocontr Clock, FC 3307  Cocontr Clock, FC 3307  The Cocontr Clock, FC 3307  The Cocontr Clock, FC 3307		.   '				
7. Name and Address of Current Registered Agent  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.  State 33079  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 Agent Prior			Country		1200	
Name    Street Address (P.O. Box Number Is Not Acceptable)	33062 USA				OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status	
Street Address (P.O. Box Number is Not Acceptable)  Sulte, Apt. #, Etc.  City  Coconot Clack  Sitate Zip Code  FL 33079  Signature of Agent Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Name of Officers and/or Directors  Name of Officers and/or Directors  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 (Florida nonprofit corporations must list at least 3 directors)  Titles  Name of Officers and/or Directors  Street Address 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 (Florida nonprofit corporations must list at least 3 directors)  Titles  Officers and/or Directors  Street Address of Each Officer and/or Director (Coconocot Clack, FL 3307)  The The Coconocot Clack, FL 3307  The The Coconocot Clack, FL 3307  The Coconocot Clack, FL 3307  Coconocot Clack, FL 3307	7. Name and Address of	Current Registered Age	ont			
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 Privile REGISTERED AGENT MOST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles Officers and/or Directors Street Address of Each Officer and/or Directors Officer and/or Director City / State / Zip  P Terray Tormaine SHII No. 53 of Dr. Coccount Clock, Ft. 3307  TETTY Tormaine SHII No. 53 of Dr. Coccount Clock, Ft. 3307  TETTY Tormaine SHII No. 53 of Dr. Coccount Clock, Ft. 3307	Street Address (P.O. Box Number Is Not Acceptable)  SHII NW SSTE DR.  Suite, Apt. #, Etc.  City State Zip Code			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.		
Signature of Registered Agent Most Sign  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip  P Terry Tormaine SHII Not 53 of Dr. Coccourt Clock, FL. 3307  VP Kelly Tormaine SHII Not 53 of Dr. Coccourt Clock, FL. 3307  T Terry Tormaine SHII Not 53 of Dr. Coccourt Clock, FL. 3307  T Terry Tormaine SHII Not 53 of Dr. Coccourt Clock, FL. 3307				htigations of section	CAT 0505 or 647 0503 5 5	
Titles Name of Officers and/or Directors Officer and/or Director Officer and/or Director Officer and/or Director Officer and/or Director Coccount (Lock, FL. 3307)  P. Jerry Turmaine Still MW 53 in or. Coccount (Lock, FL. 3307)  VP. Kelly Turmaine Still MW 53 in or. Coccount (Lock, FL. 3307)  T. Terry Turmaine Still MW 53 in or. Coccount (Lock, FL. 3307)  T. Terry Turmaine Still MW 53 in or. Coccount (Lock, FL. 3307)  T. Terry Turmaine Still MW 53 in or. Coccount (Lock, FL. 3307)	Signature of Registered Agent Brung: Date					
P Jerry Tormaine SHII NO 53 1 Dr. COCODOT CLOCK, FL. 3307  VP Kelly Tormaine SHII NO 53 1 Dr. COCODOT CLOCK, FL. 3307  T TErry Tormaine SHII NO 53 1 Dr. COCODOT CLOCK, FL. 3307	9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
VP Kelly Turmaine 5411 DW 53th Dr. CORODUT CLOCK, FL. 3307 TETTY TURMAINE 5411 DW 53th Dr. CORODUT CLOCK, FL. 3307					City / State / Zip	
T TErry To: maine SUII NO 53TY Dr. COONET CLOCK, FL. 3307	P Jerry Turmaine		5411 NW 53 M Dr.		Cocowar Clear, Fl. 33079	
pv1/2	VP Kelly Turmaine 5		5411 1000 5314 DC		COCOPUT CLOCK, FL. 33079	
10. I certify that I am an officer or director or the receiver or tructure emonwered to execute this application as provided for in chanter 507 or 517. E.S. I further certify that when filling	T STERRY TO: MAIN	JErry To: maine 5411 DW 537		<u>ρζ·</u>	COCODUT CLOCK, FL- 33079	
10. I certify that I am an officer or director or the receiver or tructure emocyaered to execute this application as provided for in chanter 507 or 617. E.S. I further certify that when filling	Ann la					
10. Learlify that Lam an officer or director or the receiver or tructee emonwered to execute this application as provided for in chanter 507 or 617. E.S. Lifether certify that when filling			4. 1 1 P	<u></u>		
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 TYPEDOR RINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Daytime Phone #						