

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR -3 PM 4:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000071749

1. Corporation Name Tallahassee Drive Travel Center, Inc.

800067938578
03/16/06--01003--006 **450.00

REINSTATEMENT 04-06
CR2E081 (12/05)

2. Principal Office Address

2320 Apalachee Pkwy

Suite, Apt. #, etc.

3. Mailing Office Address

2320 Apalachee Pkwy

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

32301

Country

Zip

32301

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1 July 2002

5. FEI Number

50-00048020

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

Fleet PAIVE

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

2806 Star Mount Ln

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32303

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

Fleet PAIVE

REGISTERED AGENT MUST SIGN

Date

3 Mar 06

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
Pres	Fleet PAIVE	2806 Star Mount Ln	Tallahassee FL 32303

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

Date

Daytime Phone #

Fleet PAIVE Pres Fleet PAIVE

850 696 3483

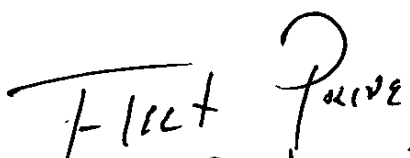
3/16/06

Tallahassee Dive & Travel Center Inc
2320 Apalachee Pkwy
Tallahassee, FL 32301

DBA Blue Water Sports

3 Mar 06

It has been brought to my attention that our
filings for 2004, 2005, & 2006 have not
been received by the Secretary of state.
To the best of my knowledge these
applications have not been received.

Sincerely, 
Fleet Pride, Pres.