

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB 11 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000118606

1. Corporation Name

Empire Diving Inc.

2. Principal Office Address

11 Ridgeway Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

11 Ridgeway Ave.

Suite, Apt. #, etc.

City & State

Cocoa, FL

City & State

Cocoa, FL

Zip

32922

Country

USA

Zip

32922

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/04/2002

5. FEI Number

30-0167942

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

Michael D. Potter

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

11 Ridgeway Avenue

Suite, Apt. #, Etc.

City

Cocoa

State
FL

Zip Code

32922

700046901897

02/21/05--01010--019 **105.00

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

Michael D. Potter

Date 2/9/05

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
PVST	Michael D. Potter	11 Ridgeway Ave.	Cocoa, FL 32922
D	Michael D. Potter	11 Ridgeway Ave.	Cocoa, FL 32922

REINSTATEMENT

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:

Michael D. Potter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/05

Date

321-639-8070

Daytime Phone #

CR2E081 (01/05)