


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000121822

1. Corporation Name

DIVERS DREAM & Supplies, Inc.

2. Principal Office Address

8440 STATE ROAD 84

Suite, Apt. #, etc.

City & State

DAVIE Florida

Zip

33324

Country

USA

3. Mailing Office Address

8440 STATE ROAD 84

Suite, Apt. #, etc.

City & State

DAVIE Florida

Zip

33324

Country

USA

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 MAY 14 PM 3:36

100037668201  
06/04/04--01047--005 \*\*300.00

REINSTATEMENT 03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

11/14/2002

5. FEI Number

13-4226306

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

HUERTAS EDGAR MEXIA

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

8440 STATE ROAD 84

Suite, Apt. #, Etc.

City

DAVIE

State

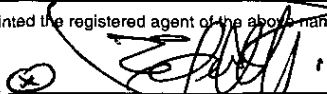
FL

Zip Code

33324

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



Date 05-10-04

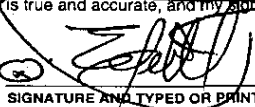
REGISTERED AGENT MUST SIGN

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
<u>P/D</u>	<u>HUERTAS EDGAR M.</u>	<u>8440 STATE ROAD 84</u>	<u>DAVIE, FL 33324</u>
<u>V/D</u>	<u>USMA VILLA NORA LUCIA</u>	<u>8440 STATE ROAD 84</u>	<u>DAVIE, FL 33324</u>

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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDGAR MEXIA HUERTAS

Date

Daytime Phone #

CR2ED081 (01/04)

**CABRERA ACCOUNTING SERVICES**

10200 STATE ROAD 84, SUITE 229 • DAVIE, FLORIDA 33324

TELEPHONE (954) 382-6206 • FAX (954) 382-6207

MAY 10, 2004

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P. O. BOX 6327  
TALLAHASSEE, FL 32314

RE: DIVERS DREAM & SUPPLIES, INC.  
DOC #: P02000121822

TO WHOM IT MAY CONCERN:

ATTACHED, PLEASE FIND THE CORPORATION REINSTATEMENT FORM, FOR DIVERS  
DREAM & SUPPLIES, INC. FOR THE YEAR 2004, TOGETHER WITH A CHECK IN THE  
AMOUNT OF \$300.00.

WE REQUEST THAT THE PENALTIES BE ABATED BECAUSE THE 2003 AND 2004  
ANNUAL REPORTS WERE NOT RECEIVED BY THE CORPORATION.

THANKING YOU IN ADVANCE FOR YOUR COOPERATION IN THIS MATTER AND  
AWAITING YOUR REPLY, WE REMAIN,

SINCERELY,



ARMANDO CABRERA, ACCOUNTANT

cc: DIVERS DREAM & SUPPLIES, INC.