

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000018471

FILED
Dec 08, 2004
Secretary of State

Entity Name: SCUBA DIVERS POOL & SPA SERVICES, INC.

Current Principal Place of Business:

5380 LONESOME DOVE DR
KISSIMMEE, FL 34746

New Principal Place of Business:

5398 DAHILA RESERVE
KISSIMMEE, FL 34758

Current Mailing Address:

5380 LONESOME DOVE DR
KISSIMMEE, FL 34746

New Mailing Address:

5398 DAHILA RESERVE
KISSIMMEE, FL 34758

FEI Number: 04-3748139

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCKENZIE, DEBORAH L
5380 LONESOME DOVE DR
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

MCKENZIE, DEBORAH L
5398 DAHILA RESERVE
KISSIMMEE, FL 34758 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DEBORAH L MCKENZIE

12/08/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCKENZIE, TIM L SR
Address: 5380 LONESOME DOVE DR
City-St-Zip: KISSIMMEE, FL 34746

Title: D () Delete
Name: MCKENZIE, DEBORAH L
Address: 5380 LONESOME DOVE DR
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MCKENZIE, TIM L SR
Address: 5398 DAHILA RESERVE
City-St-Zip: KISSIMMEE, FL 34758

Title: D (X) Change () Addition
Name: MCKENZIE, DEBORAH L
Address: 5398 DAHILA RESERVE
City-St-Zip: KISSIMMEE, FL 34758

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIM L. MCKENZIE

D

12/08/2004

Electronic Signature of Signing Officer or Director

Date