

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000148604

1. Corporation Name

DIVE & MARINE CONSULTANTS INTERNATIONAL,
INC.

2. Principal Office Address - No P.O. Box #
7999 N. FEDERAL HIGHWAY

3. Mailing Office Address
7999 N FEDERAL HIGHWAY

Suite, Apt. #, etc.
360

Suite, Apt. #, etc.
350

City & State
BOCA RATON

City & State
BOCA RATON

Zip Country
FL PALM BEACH

Zip Country
FL PALM BEACH

4. Date Incorporated or Qualified
To Do Business in Florida 10/28/2004

5. FEI Number
26-1225985

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
SOUTH FLORIDA TAX, INC.

Street Address (P.O. Box Number is Not Acceptable)
5001 SOUTH UNIVERSITY DRIVE

Suite, Apt. #, Etc.
SUITE B

City
DAVIE

State Zip Code
FL 33328

☒ 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.

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 03/27/2009

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
P	CRAIG S. JENNI	7999 N. FEDERAL HIGHWAY, #360	BOCA RATON, FL 33487

REINSTATEMENT
07-09
J8

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:

CRAIG S. JENNI

03/27/2009

561-994-9904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #