

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO5000002809**

1. Corporation Name

Atlantic Pro Divers/Dive Zone, Inc.
11702 Beach Blvd.
JACKSONVILLE, FL 32246

2. Principal Office Address - No P.O. Box #

11702 Beach Blvd

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32246

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

HA

FILED

07 OCT -8 PM 4:16

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

400110529884
10/09/07--01028--015 **900.00

REINSTATEMENT **CR2E081-(1/07)** **06-07**

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/25/05

5. FEI Number

20-2110689

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

Stephen A. Park

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

574 Ocean Blvd.

Suite, Apt. #, Etc.

City

Atlantic Beach

State

FL

Zip Code

32233

☐ 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

Stephen A. Park

Date

10-5-07

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	Park, Stephen A.	574 Ocean Blvd.	Atlantic Beach, FL 32233
VP	Galeani, John J.	1228 Beach Ave.	Atlantic Beach, FL 32233

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:

Stephen A. Park

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-5-07

333 4645

904