

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO5000154227**

09 JUN -3 AM 7:55

1. Corporation Name

SOUTH EAST DIVERS & YACHT RESTORATION, INC

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

1008 NW 8TH STREET ROAD

3. Mailing Office Address

1008 NW 8TH STREET ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33136

Country

Zip

33136

Country

4. Date Incorporated or Qualified To Do Business in Florida

11/21/2005

5. FEI Number

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

CRISTINA SIPLE

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

1008 NW 8TH STREET ROAD

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33136

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

C. Picado

REGISTERED AGENT MUST SIGN

Date

5-7-09

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
PD	CRISTINA SIPLE	1008 NW 8TH STREET ROAD	MIAMI FL 33136
VPSD	OSMANY PICADO	1008 NW 8TH STREET ROAD	MIAMI FL 33136

REINSTATEMENT 07-09 RS

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:

C. Picado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-7-09 7863571464

Daytime Phone #