

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000011696

1. Entity Name  
DIVING UNLIMITED INC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUL 16 PM 3:37

Principal Place of Business  
7685 PINES BLVD  
PEMBROKE PINES, FL 33024

Mailing Address  
7685 PINES BLVD  
PEMBROKE PINES, FL 33024

*the business was moved.*



2. Principal Place of Business - No P.O. Box #  
4678 N. University Dr.  
Suite, Apt. #, etc.

3. Mailing Address  
4678 N. University Dr.  
Suite, Apt. #, etc.

City & State  
Lauderhill, FL  
Zip  
33351  
Country  
USA

City & State  
Lauderhill, FL 33351  
Zip  
33351  
Country  
USA

07142008 REIN-P CR2E098 (1/07)

4. FEI Number  
20-4000342  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
HAMMER, PAT  
7685 PINES BLVD  
PEMBROKE PINES, FL 33024

7. Name and Address of New Registered Agent  
Name  
Sherry Hammer  
Street Address (P.O. Box Number is Not Acceptable)  
4678 N. University Dr.  
City  
Lauderhill FL Zip Code  
33351

8. 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. I am familiar with, and accept the obligations of registered agent:

SIGNATURE: *[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-14-08

FILE NOW!!! FEE IS \$900.00

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HAMMER, PAT	
STREET ADDRESS	7685 PINES BLVD	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HAMMER, SHERYL	
STREET ADDRESS	7685 PINES BLVD	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patrick Hammer	
STREET ADDRESS	4678 N. University Dr.	
CITY-ST-ZIP	Lauderhill, FL 33351	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sheryl Hammer	
STREET ADDRESS	4678 N. University Dr.	
CITY-ST-ZIP	Lauderhill, FL 33351	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	07/01/08 01025 009 9 0000	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TO 7/24/08	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINSTATEMENT 07-08	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Patrick Hammer 7-14-08 708-650-3483  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #