

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

FILED

09 DEC 18 PM 5:10

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

800160589948
09/11/09--01035--014 **158.75
800160589948
12/18/09--01044--006 **300.00

DOCUMENT # PO6000066912

1. Corporation Name

Deep Relief Dive Charters II Inc.

W09-40855

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

15 N. Federal Hwy.

Suite, Apt. #, etc.

3. Mailing Office Address

15 N. Federal Hwy.

Suite, Apt. #, etc.

City & State

Pompano Beach

City & State

Pompano Beach

Zip

33062

Country

USA

Zip

33062

Country

USA

REINSTATEMENT 07-09

4. Date Incorporated or Qualified To Do Business in Florida **2006**

5. FEI Number 270144098

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

Peter C Pallotta

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

9857 NW 26th St

Suite, Apt. #, Etc.

City

Surprise

State

FL

Zip Code

33322

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 607.0606 or 617.0603, F.S.

Signature of Registered Agent

Pallotta

REGISTERED AGENT MUST SIGN

Date

9-9-9

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Peter C Pallotta	9857 NW 26 ST	SURPRISE FL 33022
Sec			

12/18

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:

Pallotta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-9-9

Daytime Phone #

954.798.6729