

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

2021 JUL 26 PM 12:07

DOCUMENT # 210000047750

1. Corporation Name

COMMERCIAL DIVER SERVICES, N. A. INCORPORATED

300374336843
10/04/21--01002--002 **600.00

2. Principal Office Address - No P.O. Box #
2950 SW 2nd Avenue

3. Mailing Office Address
2030 S Ocean Dr.

Suite, Apt. #, etc

Suite, Apt. #, etc
Apt 606

City & State
FORT LAUDERDALE, FLORIDA

City & State
Hallandale Beach

Zip Country
33315 USA

Zip Country
33009 USA

CR2EQ81 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida 06/04/2010

5. FEI Number 27-3200965
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
Gustavo Andres Romero Monge

Street Address (P.O. Box Number is Not Acceptable)
2030 S Ocean Dr.

Suite, Apt. #, Etc.
Apt 606

City
Hallandale Beach

State Zip Code
FL 33009

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 [Signature]
REGISTERED AGENT MUST SIGN

Date 08/16/2021

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
CEOP	EUGENE B GARGIULO	2231 SW 16TH TERRACE, FORT	LAUDERDALE, FL 33315

REINSTATEMENT

JUL 26 2021

R. HUNT

10. E-mail Address: GENO@COMMERCIALDIVERSERVICES.COM

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

210/210 57245-481