2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P35014

FILED Oct 11, 2006 Secretary of State

Entity Name: NATIONAL ASSOCIATION OF UNDERWATER INSTRUCTORS, INC. **Current Principal Place of Business: New Principal Place of Business:** 1232 TECH BLVD TAMPA, FL 33619 **Current Mailing Address: New Mailing Address:** 1232 TECH BLVD TAMPA, FL 33619 FEI Number: 95-2572011 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRAM, JAMES ROBERTSON, CAROLYN R 1232 TECH BLVD 1232 TECH BLVD TAMPA, FL 33619 TAMPA, FL 33619 US US 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. SIGNATURE: CAROLYN R ROBERTSON 10/11/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BRAM, JAMES Name: Name: Address: 1232 TECH BLVD Address: City-St-Zip: TAMPA, FL 33619 City-St-Zip: Title: Title: () Delete () Change () Addition LIVINGSTON, JOHN Name: Name: Address: 1232 TECH BLVD Address: City-St-Zip: TAMPA, FL 33619 City-St-Zip: Title: () Delete Title: () Change () Addition ROBERTSON, CAROLYN Name: Name: 1232 TECH BLVD Address: Address: City-St-Zip: TAMPA, FL 33619 City-St-Zip: Title: **PBOD** () Delete Title: () Change () Addition Name: FLAHAN, MARK Name: 6484 MT ADELBERT DR Address: Address: City-St-Zip: SAN DIEGO, CA 92111 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN R ROBERTSON VP 10/11/2006