

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000088442

1. Corporation Name

Biscayne National Underwater Park, Inc.

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

9710 SW 328th Street

Suite, Apt. #, etc.

City & State

Homestead, FL

Zip

33033

Country

USA

3. Mailing Office Address

32801 Highway 441, #179

Suite, Apt. #, etc.

City & State

Okeechobee, FL

Zip

34972

Country

USA

7. Name and Address of Current Registered Agent

Name

Walter Hornberger

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

32801 Highway 441, #179

Suite, Apt. #, Etc.

City

Okeechobee

State

FL

Zip Code

34972

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**

W. J. Hornberger

REGISTERED AGENT MUST SIGN

Date

2/8/09

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
P	David Inman	10740 SW 40th Manor	Davie, FL 33328
S	Walter Hornberger	32801 Highway 441, #179	Okeechobee, FL 34972

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:

W. J. Hornberger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/8/07

Daytime Phone #

FILED

07 FEB 12 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400088907214
02/21/07--01030--005 **\$600.00

REINSTATEMENT 04-07

CR2E081 (1/07)

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

12-29-93

5. FEI Number

65-0457333

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.

XC 2/14