

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P94000004325

1. Corporation Name

Reef Explorer, USA, Inc.

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

300 Biscayne Blvd. Way

Suite, Apt. #, etc.  
Suite 720

City & State

Miami, Florida

Zip  
33131

Country  
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1/10/94

5. FEI Number

65-0457816

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	Neal, Robert P.	300 Biscayne Blvd. Way Suite 720	Miami, Florida 33131
DVAS	Vittone, Joe	1717 No. Bayshore Dr. Suite PH4241	Miami, Florida 33139
S	Stinson, Louis, Jr.	4675 Ponce de Leon Blvd. Suite 3051, FL	Coral Gables, FL 33146

REINSTATEMENT

98-99

1/11/99

8. Name and Address of Current Registered Agent

Louis Stinson, Jr.  
4675 Ponce de Leon Blvd., Suite 305  
Coral Gables, Florida 33146

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

Louis Stinson, Jr.

REGISTERED AGENT MUST SIGN

Date December 29, 1998

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louis Stinson, Jr. Dec. 29, 1998

Date

(305) 667-7571

Daytime Phone #

CR2E040 (12/96)