DI EASE DEAD	ALL INSTRUCTIONS	BEEODE COM	MPLETING THIS FORM.	
APPLICATION FOR 16-98	FLORIDA DEPAR [†] MEI Sandra B. Mor Secretary of S	NT [©] OF STATE Tham State	APPROVED ANTO FILED	
DOCUMENT # P911000 9423		HATIONS	98 MAR 26 PM 2: 22	
1. Corporation Name SCUBAMERICA TOURS, Inc.			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
3COBHINELICA 1001	3,2,12.		IALLAHASSEE, FLORIDA	
Principal Place of Business 840 BEACH Drive, A. St. Petersburg, Fl 33- (Formerly 2900 Bridgepord Coconnet grow, Fl 33133) If above addresses are incorrect in any way, line thro	7 O I Ave _ #Zoo ugh incorrect information and enter i		`	
2. New Principal Office Address, If Applicable SAME AS AROUE Suite, Apt. #, etc.	E AS ABOUE SAME AS AROUE		Date Incorporated or Qualified To Do Business in Florida 9 /21/94	
City & State	City & State		FEI Number (S - 05 2 1395 Not Applied For	
Zip Country	Zip Country	6.	\$8.75 Additional Fee requi	red
7. Names and Street Addresses of Each Officer and/o	or Director (Florida nonprofit corpora	<u>.</u>	To a certificate of status	
Title(s) and/or Directors Office		eet Address of Each licer and/or Director se Post Office Box Numbr	City / State / Zip	
P EDIC ENGLER 840 BEA		CH DEIVE, N	ST. PETERSBURGIFL 33701	
			33701	\dashv
		REINS	STATEMENT 94-98 A. ALANY 3/26/98 3/00024751/34-0 -04/01/98-01052-003 ***1050.00 ***1050.00	
			Name and Address of New Registered Agent	$\exists_{\scriptscriptstyle{L}}$
ERIC ENGLER, ESQ. 840 BEACH DRIVE, N.E. 87. PETERSBURG FL 33701		Street Address (P.O. B & Y.O. REC Suite, Apt. #, Etc.	ENGUER, ESQ. BOX Number is Not Acceptable) CHOCH DRIVE, N.E. State Zip Code	CR2EOMO (1/98
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligi			ions of Section 607.0505, F.S.	-
Signature of Progistered Agent REGISTERED AGENT MUST SIGN			Date 3/23/98	
11. This corporation owes or has Intangible Personal Property	No (See other side for information on intangible tax.)			
this reinstatement application, the reason for dissolu	ition has been eliminated, the corpor mes of individuals listed on this form	ate name satisfies the red o do not qualify for an exe	ed for in chapter 607 or 617, F.S. I further certify that when filing equirements of section 607.0401 or 617.0401, F.S., that all fees temption under section 119.07(3)(i), F.S. The information indicated.	,
SIGNATURE: 3.23-98 820-0077 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #				