


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 NOV -5 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> P9500051120			
<b>1. Corporation Name</b> Extreme Divers, Inc.			
<b>2. Principal Office Address</b> 5659 Strand Ct. Suite, Apt. #, etc. 3 City & State Naples, Fl. Zip 34110 Country USA		<b>3. Mailing Office Address</b> 5659 Strand Ct. Suite, Apt. #, etc. 3 City & State Naples, Fl. Zip 34110 Country USA	

**REINSTATEMENT** 00-04

<b>4. Date Incorporated or Qualified To Do Business in Florida</b>	
<b>5. FEI Number</b> 65-0590194	<b>Applied For</b> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>		
<b>Name</b> John B. Rogers		
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 5956 Strand Ct.		
<b>Suite, Apt. #, Etc.</b> 3		
<b>City</b> Naples	<b>State</b> FL	<b>Zip Code</b> 34110

**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**

*John B. Rogers*

**Date** 11-2-04

**REGISTERED AGENT MUST SIGN**

**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
Pres	John B. Rogers	5659 Strand Ct.	Naples, Fl. 34110
V.P	John B. Rogers	5659 Strand Ct.	Naples, Fl. 34110
Sec Treas	John B. Rogers	5659 Strand Ct.	Naples, Fl. 34110

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**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 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:**

*John B. Rogers*

11-2-04

239-597-6375

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

CR2E081 (01/04)