PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
06 OCT 23 PM 12:04

DOCUMENT # P96000018552

1. Corporation Name

SEAMAR DIVERS, INC

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 7891 W. Flagler St. | |
| Suite, Apt. #, etc.<br>176 | Suite, Apt. #, etc. |
| City & State<br>Miami, FL | City & State |
| Zip<br>33144 Country<br>USA | Zip Country |

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 02/26/1996

5. FEI Number 650646193 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Eloy J Anaya

300080239243
09/27/06--01059--015 **193.75

Street Address (P.O. Box Number is Not Acceptable): 7891 W. Flagler St.

Suite, Apt. #, Etc.: 176

City: Miami State: FL Zip Code: 33144

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 _____ Date 09/26/2006

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 |
|---|---|---|---|
| P | Eloy J Anaya | 7891 W. Flagler St. #176 | Miami, FL 33144 |
| VP/S | Fanny Anaya | 7891 W. Flagler St. #176 | Miami, FL 33144 |
| | | | |
| | | REINSTATEMENT 98-06 | |
| | | | |
| | | | |

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: Eloy Anaya 09/26/2006 305-978-7726

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #