FILED Jun 12, 2002 8:00 am Secretary of State

05-14-2002 90338 029 ***150.00 06-12-2002 90239 049 *****8.75

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PLEASE READ AL	L INSTRUCTI	ONS BEFORE	Е СОМ
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CORPORATION REINSTATEMENT
OCUMENT#

FLORIDA DEPARTMENT OF STATE **Katherine Harris**

> Secretary of State DIVISION OF CORPORATIONS

DOCUMENT# [^]	P960000	24290
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1. Corporation Name Advanced Diving Technologies, Inc

					•	
2. Principal Office Address 3142 Northside Dr.			3. Mailing Office Address P.O - Box 1061			
Suite, Apt.	#, etc. 201	Suite, Apt. #, etc.		4. Date Inc	corporated or Qualified usiness in Florida	
<u> </u>	WBT.R	-City & State -		5. FEI Num	10 114 14 15 15 15 15 15 15 15 15 15 15 15 15 15	Applied For Not Applicable
² 3304	o usa	06490	Country USA	6.		8.75 Additional Fee required for a Certificate of Status
		7. Name	and Address of Current F	Registered Agent		
24	Elin Winca Street Address (P.O. Box Number 3147 NOVY Suite, Apt. #, Etc. City Very W25	is Not Acceptable) USICE DY	•		State Zip Code FL 33040	
8. I, being Signature o Registered		above named corporation REGISTERED AGENT		ept the obligations of se	Date <u>6/6/07</u>	F.S.
9. Names	and Street Addresses of Each Office	r and/or Director (Florida	nonprofit corporations must	list at least 3 directors)	. One of the second control of the second
Titles	Name of Officers and/or Direc		Street Address of Each Officer and/or Director		City / State / Zip	
P	Richard Wineay	mu 5	94 Sturges th	vy	westport, c	T 08880
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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 filling 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 TY ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

868852

FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

May 21, 2002

ADVANCED DIVING TECHNOLOGIES, INC. ADT P O BOX 1061 SOUTHPORT, CT 06490

Subject: ADVANCED DIVING TECHNOLOGIES, INC.

Reference Number: P96000024290-

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

There is not a registered agent designated on the report. Please enter the current registered agent's name and Florida street address. If this is a change from the registered agent previously filed with this office, the new agent must sign accepting the designation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

的复数人名英格兰 医乳头 医二种 If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/ML

ANNUAL REPORTS SECTION

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