

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000039342

1. Corporation Name

SEA DIVERS TRAVEL, INC.

97AR

Principal Place of Business

3800 NW 125 STREET
MIAMI FL 33187

MA

3200 NW 126 STREET
MIAMI FL 33167

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

2. New Principal Office Address, If Applicable

16315 NW 60 AVE

Suite, Apt. #, etc.

SUITE 100

City & State

MIAMI LAKES FL

Zip

33014 DADE

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

05/03/1996

5. FEI Number

65-0668248

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
PTD	SILVA, JULIO C	3200 NW 125 STREET 1349 MADOWS BLVD	MIAMI FL 33187 WESTON FL 33327
S	ROBERTO SANCHEZ	21432 NW 40 CT	MIRAMAR FL.
			000002337230--3 -11/04/97--01025--012 ***165.00 ***165.00

8. Name and Address of Current Registered Agent

SILVA, JULIO C
3200 NW 125 STREET
MIAMI FL 33167

9. Name and Address of New Registered Agent

Name

JULIO C SILVA

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

1349 MADOWS BLVD

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33327

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/27/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/97

Date

Daytime Phone #

(305) 362-9800

CR2E040 (8/97)

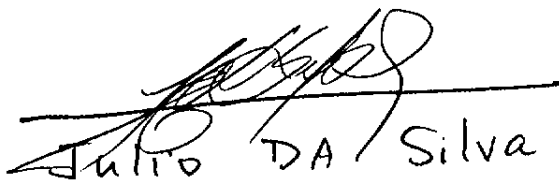
pg. 2 of 2

10/27/97

We never received
the original form.
The mail we got after
we moved did not include
this form.

Would you please, abate
the late charges?

Thank you.



Julio DA Silva

SEA DIVERS TRAVEL INC.
(305) 362-9800