

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB 26 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000075848

1. Corporation Name

UNDERWATER SCIENCE RESEARCH AND DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

37150 CHANCEY RD
ZEPHYRHILLS FL 33541
US

3715 CHANCEY RD
ZEPHYRHILLS FL 33541
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

2903 FIELDCREST CT

Suite, Apt. #, etc.

SAME AS # 2

City & State

ORLANDO, FL

City & State

Zip

32829

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/09/1996

5. FEI Number

59-3400065

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	4 City / State / Zip
SVP	PECORARO, MARK	3905 RYANS LANE	ZEPHYRHILLS FL 33541
TVP	BULIN, DENNIS G	29238 CITRUS TRACE WAY	WESLEY-CHAPEL-FL-33544 DELETE
P	HUGHES, GEORGE	2903 FIELDCREST CT	ORLANDO FL 32829 FL
VP SVP	IVEY, LARRY,	3047 SARASOTA DR	ORLANDO FL 32806
VP TVP	WALDEN, ALAN	1438 HYDE PAEK DR	WINTER PARK FL 32792 100003796331-0 -03/02/01--01079--010 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

BULIN, DENNIS G
37150 CHANCEY RD
ZEPHYRHILLS FL 33541

9. Name and Address of New Registered Agent

Name

MARK L. PECORARO

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

3905 RYANS LANE

Suite, Apt. #, Etc.

City

ZEPHYRHILLS

State

FL

Zip Code

33541

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

Mark L. Pecoraro

REGISTERED AGENT MUST SIGN

Date

1/31/01

11. 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:

Mark L. Pecoraro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/01

Date

813.780.6084

Daytime Phone #

CR2E040 (800)