

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED

01 JUN 29 PM 2:16

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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DOCUMENT # P96000079156

1. Corporation Name
SKY DIVE PALM BEACH, INC.

2. Principal Office Address <u>127 Barbados Dr</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>127 Barbados Dr</u> Suite, Apt. #, etc.	
City & State <u>Jupiter FL</u>		City & State <u>Jupiter FL</u>	
Zip <u>33458</u>	Country <u>USA</u>	Zip <u>33458</u>	Country <u>USA</u>

4. Date Incorporated or Qualified To Do Business in Florida 11/13/96

5. FEI Number 65-0699958
 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 Patrick D. Dodgin

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

Suite, Apt. #, Etc.

City Jupiter State FL Zip Code 33458

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 Patrick D. Dodgin Date 6/22/01
 REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>Pres</u>	<u>Patrick D. Dodgin</u>	<u>127 Barbados Dr</u>	<u>Jupiter FL 33458</u>

REINSTATEMENT 06-01 18

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: Patrick D. Dodgin Patrick D. Dodgin 6/22/01 (561) 301-1504
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (8/00)