

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000005773

1. Corporation Name

LJC DIVE, INC.

Principal Place of Business

1107 KEY PLAZA
KEY WEST FL 33040

Mailing Address

1107 KEY PLAZA
KEY WEST FL 33040

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/14/1999

5. FEI Number

59-0884967

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	COHEN, LAWRENCE	1307 NEWTON ST.	KEY WEST FL 33040

6000008596646
10/25/02--01083--003 **150.00

Handwritten signature/initials

8. Name and Address of Current Registered Agent

COHEN, LAWRENCE J
1107 KEY PLAZA
KEY WEST FL 33040

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Handwritten signature
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/22/02

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:

Handwritten signature
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/02

(305) 292-4616

CR2E040 (8/02)



10-22-02

TO WHOM IT MAY CONCERN,

I DID NOT RECEIVE A VBR NOTICE. THIS IS THE
SECOND YEAR THAT THIS HAS HAPPENED. I AM
ENCLOSING A CHECK FOR \$150.00 TO GET
REINSTATED.

THANK YOU FOR YOUR HELP IN THIS MATTER.

A handwritten signature in dark ink, appearing to read "Lawrence Cohen".

LAWRENCE COHEN
PRESIDENT, SNUBA OF KEY WEST