

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 JAN 18 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P99000021460

**1. Corporation Name**

DIVERSION EXCURSION, INC.

**2. Principal Office Address**

1645 S.E. 3rd Court

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

Zip

33441

Country

USA

**3. Mailing Office Address**

1645 S.E. 3rd Court

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

Zip

33441

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

03/08/99

**5. FEI Number**

650900982

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

12/31/01 01037002 35.00

**7. Name and Address of Current Registered Agent**

Name

ARILTON PAVAN

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

1645 S.E. 3rd Court

Suite, Apt. #, Etc.

City

Deerfield Beach

State

FL

Zip Code

33441

900004916979-1

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\*\*\*\*873.75 \*\*\*\*873.75

REINSTATEMENT 01-0278

**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

REGISTERED AGENT MUST SIGN

Date 01/15/02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/VP/S/T	ARILTON PAVAN	1645 S.E. 3rd Court	Deerfield Beach, FL 33441
D/P	JAMES ROBERT McBRAYER	1645 S.E. 3rd Court	Deerfield Beach, FL 33441

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
ARILTON PAVAN

01/15/02

Date

954-420-0009

Daytime Phone #

CR2E081 (9/00)