

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000083044

1. Corporation Name

NEPTUNE DIVERS OF WEEKI WACHEE, INC.

Principal Place of Business

6131 COMMERCIAL WAY
SPRING HILL FL 34606

Mailing Address

6131 COMMERCIAL WAY
SPRING HILL FL 34606

FILED

00 OCT 18 AM 10:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

00

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

4. Date Incorporated or Qualified
To Do Business in Florida

09/15/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

593597272

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	LESTER, WILLIAM FOSTER	6131 COMMERCIAL WAY	SPRING HILL FL 34606
V	PULLIAM, NOEL SCOTT	12016 124TH AVE. N. 9187 Century Dr.	LARGO FL 33774 Springhill, FL
ST	KONGA, WAYNE	P.O. BOX 87 N/A	PORT RICHEY FL 34673
ST	Pulliam, Michelle	9187 Century Dr.	Springhill, FL
			000003455000--4
			-11707700--01061--021
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

LESTER, WILLIAM FOSTER
6131 COMMERCIAL WAY
SPRING HILL FL 34606

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.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/15/00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/00

Date

Daytime Phone #

678-776-0925

KE

CR2ED40 (8/00)