

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 MAY -5 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **514605**

1. Corporation Name
CHEECA DIVERS, INC.

Principal Place of Business Mailing Address
107 HIGH ST. 107 HIGH ST.
TAVERNIER, FL. 33070 TAVERNIER, FL. 33070

REINSTATEMENT *96-97*

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

2. New Principal Office Address, If Applicable <i>AB</i> 107 HIGH ST. Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable <i>AB</i> 107 HIGH ST. Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 11/27/90	
City & State TAVERNIER FL		City & State TAVERNIER, FL.		5. FEI Number 65-0232080	
Zip 33070		Country MONROE		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 33070		Country MONROE		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	SAMUEL BARRIOS	107 HIGH ST. <i>AB</i>	TAVERNIER, FL. 33070
S-T	DENISE BARRIOS	107 HIGH ST.	TAVERNIER, FL. 33070

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****915.00 ****915.00

JB5-9-97

8. Name and Address of Current Registered Agent DENISE BARRIOS 107 HIGH ST. TAVERNIER, FL. 33070		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	
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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 *Denise Barrios* Date **5/2/97**
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on Intangible tax.)

12. 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: *Denise Barrios* **5/2/97** **905-935-9791**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)