

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 DEC -3 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V66481

1. Corporation Name

TECHNIQUES IN OCEAN RECOVERY, INC.

Principal Place of Business

4025 SW 15TH ST
APT E 205
POMPANO BEACH FL 33069
US

Mailing Address

4025 SW 15TH ST
APT E 205
POMPANO BEACH FL 33069
US

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

14104 SKYE TERRACE

Suite, Apt. #, etc.

DELRAY BEACH

City & State

FLORIDA

Zip

33446

Country

PALM BEACH

4. Date Incorporated or Qualified
To Do Business In Florida

09/23/1992

5. FEI Number

65-0358060

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)

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
PD	MACKENZIE, DAVID R	4025 SW 15 STREET, E-205	POMPANO BEACH FL 33069
VPD	LEGER, ALLEN F	333 MOHAWK LANE	BOCA RATON FL 33487
STD	COLE, ROBERT	14104 SKE TERRACE	DELRAY BEACH FL 33446

REINSTATEMENT

G. Alan

12/3/97

8. Name and Address of Current Registered Agent

MACKENZIE, DAVID R
4025 SW 15TH ST
APT E 205
POMPANO BEACH FL 33069

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

300002366953-1

-12/09/97-01062-027

****750.00 ****750.00

State

Zip Code

FL

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

David R. Mackenzie
REGISTERED AGENT MUST SIGN

Date November 25, 1997

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David R. Mackenzie

11/25/97

Date

(954)
968-2256

Daytime Phone #

CR2E040 (8/97)