

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

APPLICATION
FOR
REINSTATEMENT



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

97 DEC -3 PM 4:07

DOCUMENT # **V66481**

1. Corporation Name
TECHNIQUES IN OCEAN RECOVERY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
DELRAY BEACH
FLORIDA
33446 PALM BEACH**

4. Date Incorporated or Qualified To Do Business In Florida
09/23/1992

5. FEI Number
65-0358060

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	LEBEL, ALLEN F	333 MOHAWK LANE	BOCA RATON FL 33487
STD	COLE, ROBERT	14104 SKE TERRACE	DELRAY BEACH FL 33446

REINSTATEMENT (97)
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. **300002366953-1**
City **FL**
State Zip Code **12/09/97-01062-027**
******750-00 ****750.00**

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**
Date **November 25, 1997**
REGISTERED AGENT MUST SIGN

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: **David R. Mackenzie**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **11/25/97**
Telephone **(954) 968-2256**

CR2E040 (8/97)