


**2005 FOR PROFIT CORPORATION
REINSTATEMENT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC -2 PM 12:34

DOCUMENT # **P00000009263**

1. Entity Name
NAUTICA Water Sport inc



REINSTATEMENT 04-05



Principal Place of Business Mailing Address

2. Principal Place of Business
2400 W 84 St suite 16

3. Mailing Address
2400 W 84 ST suite 16

Suite, Apt. #, etc. **16** Suite, Apt. #, etc. **16**

01042005 REIN-P CR2E098 (8/04)

City & State **Hiabak FL** City & State **Hiabak FL**

Zip **33016** Country **MIAMI DADE** Zip **33016** Country **MIAMI DADE**

4. FEI Number
65-0976850

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **Boutros A. Hage**

Street Address (P.O. Box Number is Not Acceptable)
2400 W 84 ST suite 16

City **Hiabak FL** Zip Code **33016**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **12/01-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | |
|--|---------------------------------|
| TITLE NAME SVP Boutros A. Hage | <input type="checkbox"/> Delete |
| STREET ADDRESS 2400 W 84 ST suite 16 | |
| CITY-ST-ZIP Hiabak FL 33016 | |
| TITLE NAME PTD. Bee Power C.A. | <input type="checkbox"/> Delete |
| STREET ADDRESS 4ve San Ignacio Loyola | |
| CITY-ST-ZIP CHacao Caracas - Venezuela | |
| TITLE NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with an other file empowered.

SIGNATURE:  DATE: **12-01-05** **305-823 66 44**