

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**L01000003374**

REINSTATEMENT

Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

1. DOCUMENT # L01000003374

Name and Mailing Address

03 DEC -2 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0011332 01 AT 0.292 \*\*AUTO T2 2 0615 34747-039191



NAUTICA BAY, LLC

P.O BOX 470391

CELEBRATION FL 34747-0391



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 03/06/2001	
Principal Place of Business 605 CANNE PLACE CELEBRATION FL 34747	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3703953	Applied For Not Applicable
8. Name and Address of Current Registered Agent DEMPSEY, WILLIAM R JR. 605 CANNE PLACE CELEBRATION FL 34747		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <i>[Signature]</i> <b>SIGNATURE REQUIRED</b> Date <u>11/21/2003</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	DEMPSEY, WILLIAM R JR.	605 CANNE PLACE	CELEBRATION FL 34747
200025164232 12/02/03 01061 005 **150.00			
<b>REINSTATEMENT 2003</b> <i>[Signature]</i>			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager *[Signature]* **SIGNATURE REQUIRED** Date 11/21/2003 Daytime Phone # 321-303-6538

Typed or printed name of signing Managing Member/Manager