2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000009263

1. Entity Name

NAUTICA WATER SPORT INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC -2 PM 12:34

REINSTATEMENT 04-05

Principal Place of Business	Mailing Address

2. Principal Place of Business	3. Mailing Address
2400 W 84 st suite 16	2400 W 84 ST suite 16
Suite, Apt. #, etc.: 16	Suite, Apt. #, etc.: 16
City & State: Hialeah FL	City & State: HIALEAH FL
Zip: 33016 Country: MIAMI DADE	Zip: 33016 Country: MIAMI DADE

01042005 REIN-P CR2E098 (6/04)

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: HIALEAH 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: _____ 12/01-05

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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP Boutros A. Hage. 2400 W 84 st Suite 16 Hialeah FL 33016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD. Bee Power C.A. Ave San Ignacio Loyola Chacao Caracas - Venezuela	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300061914953 12/05/05--01068--001 **300.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE: _____ 12-01-05 305-823 66 44