
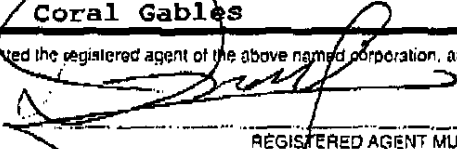
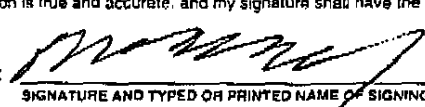


HO3000293786 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000079909			
1. Corporation Name HECTOR'S WATER SPORTS, INC.			
2. Principal Office Address 7637 Carlyle Ave Suite, Apt. #, etc. City & State Miami, Florida Zip 33146		3. Mailing Office Address SAME Suite, Apt. #, etc. City & State City & State Zip Country USA	
		REINSTATEMENT 03	
		4. Date Incorporated or Qualified To Do Business in Florida 8-18-2000	
		5. FEI Number 651035578 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name HABER, DENNIS R.			
Street Address (P.O. Box Number is Not Acceptable) 1450 Madruga Ave			
Suite, Apt. #, Etc. Ste#305			
City Coral Gables		State FL	Zip Code 33146.
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent 		Date 10-09-03	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPT	HECTOR, HERRERA	1450 Madruga Ave, #305	Coral Gables, FL 33146.
10. 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: 		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

Florida Department of State
Division of Corporations
Public Access System

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(((H03000293786 3)))

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

HECTOR'S WATER SPORTS, INC.

Certificate of Status	0
Certified Copy	0
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