

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000043631

FILED  
May 15, 2008  
Secretary of State

Entity Name: MULTIHULLS UNLIMITED, INC.

**Current Principal Place of Business:**

7951 SW 40TH STREET  
STE 206  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

7951 SW 40TH STREET  
STE 206  
MIAMI, FL 33155

**New Mailing Address:**

FEI Number: 59-3715704      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DIAZ, OSVALDO J  
7951 SW 40TH STREET  
STE 206  
MIAMI, FL 33155 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: OSVALDO J DIAZ

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PVST ( ) Delete  
Name: CONDON, PETER F  
Address: 1358 NE 181 ST. ST.  
City-St-Zip: N. MIAMI BEACH, FL 33162

Title: D ( ) Delete  
Name: CONDON, PETER F  
Address: 1358 NE 181 ST. ST.  
City-St-Zip: N. MIAMI BEACH, FL 33162

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PVST (X) Change ( ) Addition  
Name: CONDON, PETER F  
Address: 7131 RALSTON STREET  
City-St-Zip: MELBOURNE, FL 32940

Title: D (X) Change ( ) Addition  
Name: CONDON, PETER F  
Address: 7131 RALSTON STREET  
City-St-Zip: MELBOURNE, FL 32940

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER CONDON

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

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05/15/2008

\_\_\_\_\_  
Date