

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2005 JUL 29 PH 3: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION

2005 AR



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **000 P01000052306**

1. Corporation Name
Scarlet Boating Corp.

2. Principal Office Address
c/o Bared & Associates, PA

3. Mailing Office Address
c/o Bared and Associates, PA

Suite, Apt. #, etc.
1500 San Remo Ave, #103

Suite, Apt. #, etc.
1500 San Remo Ave., #103

City & State
Coral Gables, FL

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Coral Gables, FL

Zip Country
33146 USA

Zip Country
33146

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-1139088

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Pablo R. Bared, Esq., Bared and Associates, PA

Street Address (P.O. Box Number is Not Acceptable)
1500 San Remo Avenue

Suite, Apt. #, Etc.
Suite 103

City
Coral Gables

State Zip Code
FL 33146

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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 7/25/05

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
D	Mauricio Capuano	1500 San Remo Ave #103	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: M. Capuano Mauricio Capuano, Director

7/25/05

305-666-6010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)

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