PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 NOV 12 PM 1:04

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 02-04

DOCUMENT # P01000095487

1. Corporation Name
NAUTICA CAPITAL GROUP, INC.

2. Principal Office Address		3. Mailing Office Address	
601 CLEVELAND STREET		601 CLEVELAND STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE 820		SUITE 820	
City & State		City & State	
CLEARWATER FL		CLEARWATER FL	
Zip	Country	Zip	Country
33755	USA	33755	USA

4. Date Incorporated or Qualified To Do Business in Florida 10/01/2001

5. FEI Number
20-1652795
☐ 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
DON HUGGINS

Street Address (P.O. Box Number is Not Acceptable)
601 CLEVELAND STREET

Suite, Apt. #, Etc.
SUITE 820

City	State	Zip Code
CLEARWATER	FL	33755

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 Donald G Reed
REGISTERED AGENT MUST SIGN

Date NOVEMBER 8, 2004

CR2E081 (01/04)

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
P,D	DON HUGGINS	601 CLEVELAND ST., SUITE 820	CLEARWATER, FL 33755

100042653487
11/12/04--01053--004 **1058.75

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: Donald G Reed President 11/8/2004 727-475-3060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #