PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

5/2/03 FILED -023-150

2006 JUN 20 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/02/03 90365 023 150

CR2E081 (12/05)

DOCUMENT # P02000133376

1. Corporation Name
PARROTHEADS ON THE WATER, INC.

2. Principal Office Address	3. Mailing Office Address
100 N. CHEMATIS ST.	230 BUSINESS PARKWAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEST PALM BEACH FL	City & State: ROYAL PALM BEACH, FL
Zip: 33401 Country: PALM BEACH	Zip: 33411 Country: PALM BEACH

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 42-1701838 ☐ 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: DEVORES SAWYER

Street Address (P.O. Box Number is Not Acceptable): 230 BUSINESS PARKWAY

200076636532
06/27/06--01031--005 **105.00

Suite, Apt. #, Etc.: ROYAL PALM BEACH

City: | State: FL | Zip Code: 33411

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: 6/9/06
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
PRES SEC/TREA	DEVORES SAWYER	230 BUSINESS PARKWAY ROYAL PALM BEACH,	FL 33411
VICE PRES	DAVID SAWYER	230 BUSINESS PARKWAY ROYAL PALM BEACH	FL 33411

REINSTATEMENT 05-06

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 contained in Chapter 119, 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: _____ 6/9/06 (561) 798-4509
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #