2006 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT					FILED			
DOCUMENT # P05000022370					FILLU			
1. Entity Name THE NARCOOSSEE NAVIGATOR, INC.					2006 OCT 17 PM 4: 18			
Principal Place of Business Mailing Address					SECRETARY OF STATE TALLAHASSEE.FLORIDA			
629 MARINER WAY ALTAMONTE SPRINGS, FL 32701 629 MARINER WAY ALTAMONTE SPRINGS, FL 3270			32701		IALLAIM			
Principal Place of Business								
Suite, Apt. #, etc. Suite, Apt. #, etc.			ckasaw T	<u> </u>	ESIEL GIIII GEM GEM GEM	#### 41#1# 11### 41## F###	IBB) II IBB)	
170		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		10122006 4. FEI Numbi	RÉIN-P	CR2E098 (11/05)	plied For	
City & State	indo FL	Orlando F			ᠫᢆ᠘᠘᠘᠘ᢓ	No	t Applicable	
3383	9 Oraneze	32829 32829	Country OYang	5. Certificate	of Status Desired	\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent								
FUSILIER, 1961 ALO		Street Ac	eet Address (P.O. Box Number is Not Acceptable) 445 S. Chickasaw Tvail #170					
SUITE 161		10 2. Chi	ckasam.	WG11 #1 11				
			City	1/GND0		FL Zip Code	29	
8. 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. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE Signature of typical or purifical nature of typical reactification (NOTE: Registered Agent signature required when reinstating) ONTE								
FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the								
After January 1, 2007, Fee will be \$300.00 corporation did not receive								
10.	OFFICERS AND D		11.	מ	***	CERS AND DIRECTORS Change	S IN 11	
TITLE NAME	FUSILIER, STEVE R	Delete	NAME	FUSILIET, SH WHYSS. CI	revenr	Trail #120	C Addition	
STREET ADDRESS CITY-ST-ZIP	1961 ALOMA AVE, SUITE 161 WINTER PARK, FL 32792		STREET ADDRESS CITY+ST-ZIP	ONIGHTODI				
TITLE NAME	CEO IRONS, DEBBIE	Delete	TITLE NAME	E		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	1961 ALOMA AVE, SUITE 161 WINTER PARK, FL 32792		STREET ADDRESS CITY-ST-ZIP	10/18	00080:9 /0601004-	-010 **158.	75	
TITLE	WINTER PARK, FL 32/92	☐ Delete	TITLE	~-		☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP		Delete	CITY-ST-ZIP			Change	☐ Addition	
NAME		El belete	NAME			Change	_ ragamon	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY+S1-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
TITLE		☐ Delete	TITLE		_	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby	certify that the information supplied with	this filing does not qualify for	the exemptions of	ontained in Chapter 11	9, Florida Statutes. I	further certify that the in	nformation or director	
12. I hereby certify that the information supplied with this tiling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.								
SIGNATURE: 5/10/13/06 407- 148-2753								
I	SIGNATURE AND TYPED OR P	RINTED NAME OF STGNING OFFICER D	R DIRECTOR		⊔ate	Daytine Phone #	1 ~ 1	