

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 15 AM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # R6000138427

1. Corporation Name

NAUTICAL INVESTORS GROUP, INC

2. Principal Office Address - No P.O. Box #

934 N UNIVERSITY DR

Suite, Apt. #, etc.

202

City & State

CORAL SPRINGS, FL

Zip

33071

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/1/2006

5. FEI Number
20-5810839

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

STEVE MARKLEY

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

934 N UNIVERSITY DR

Suite, Apt. #, Etc

202

City

CORAL SPRINGS

State

FL

Zip Code

33071

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Steve Markley
REGISTERED AGENT MUST SIGN

Date

12/14/09

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
PD	STEVE MARKLEY	934 N UNIVERSITY DR #202	CORAL SPRINGS, FL 33071

10. E-mail Address: **IBIDAMERICA@AOL.COM**

(To be used for future annual report notification)

11. 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. I further certify, 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:

Steve Markley

STEVE MARKLEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/11/2009 954-675-9865

Date

Daytime Phone #

12/16/09