


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P36883 1. Entity Name NORTH AMERICAN CANOE TOURS, INC.					
Principal Place of Business 65 BLACK POINT RD. NANTIC, CT 06357				Mailing Address 65 BLACK POINT RD. NANTIC, CT 06357	
2. Principal Place of Business 107 Camellia ST. Suite, Apt. #, etc.		3. Mailing Address PO BOX 5038 Suite, Apt. #, etc.			
City & State Everglades City FL Zip 34429 Country USA		City & State Everglades City FL Zip 34429 Country USA		4. FEI Number 06-1017984	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HARRADEN, DAVID 107-CAMELLIA ST. EVERGLADES CITY, FL 33929			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: <u>David Harraden</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: <u>10-6-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCP HARRADEN, DAVID 65 BLACK PT. RD. NANTIC, CT		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600060458056 10/10/05--01076--018 **150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HARRADEN, SANDEE 511 COPELAND AVE EVERGLADES CITY, FL 34139		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600060458056 10/31/05--01042--012 **150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>David Harraden</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: <u>10-6-05</u> <small>Date</small>	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 04-05

North American Canoe Tours, Inc.

PO Box 5038
Everglades City, FL
34139

September 30, 2005

Florida Dept. of State

Dear Sir or Madam:

Thank you for contacting us to let us know that we missed filing the 2004 uniform business report. Our mailing address had changed and the forwarding must have stopped before the 2004 form was sent. Subsequently we did not receive the 2004 filing package. I contacted your dept. today, Sept. 30, via email to acknowledge our mistake and ask if there was a way to waive any late fee's. The representative responded that we could send a letter in with the reinstatement form explaining that our mailing address had changed and that we are responding to the first notice that the department has sent. Such is the case and enclosed is the reinstatement request form listing our new mailing address and the specified filing fee.

Sincerely,



David Harraden
North American Canoe Tours, Inc.