

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000072311

1. Corporation Name

NAUTILUS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
506 BAY ISLES ROAD 1707 Flower Drive SUITE 115 LONGBOAT KEY FL 34228 US	506 BAY ISLES ROAD SUITE 115 LONGBOAT KEY FL 34228 US
	1707 Flower Drive Sarasota, FL 34239

If above addresses are incorrect in any way, line through incorrect information and enter correct information.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	10/12/1993
City & State	City & State	5. FEI Number
Zip	Country	65-0453639
		Applied For
		Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD	WEXLER, STEVEN P	506 BAY ISLES ROAD STE. 115 1707 Flower Drive Sarasota, FL 34239	LONGBOAT KEY FL

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
PARKER, THEODORE 2033 MAIN STREET STE. 400-106 SARASOTA FL 34237	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

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 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: Sp. W. H. L.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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