

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p><b>APPLICATION FOR REINSTATEMENT</b></p> <p><i>99/00 WBR</i></p>		<p align="center"><b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p align="center"><b>FILED</b> SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p align="center">00 NOV -2 AM 9:46</p>	
<p><b>DOCUMENT #</b> P93000085475</p>					
<p>1. Corporation Name <b>NAUTICUM TECHNIEKS, INC.</b></p>					
Principal Place of Business			Mailing Address		
<p>35 W. PENDLETON AVE. EUSTIS, FL 32726</p>					
<p>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</p>					
2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/14/1993	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0456420	
Country		Country		Applied For	
		USA		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				<p><b>\$8.75 Additional Fee required for a Certificate of Status</b></p>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1	2	3	4		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
D	TIM SMITH	35 W. PENDLETON AVE	EUSTIS, FL 32726		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
<p>TIM SMITH 35 W. PENDLETON AVE EUSTIS, FL 32726</p>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			Suite, Apt. #, Etc.		
			City	State	Zip Code
			FL		
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 <i>Timothy G. Smith</i>			Date <i>October 27, 2000</i>		
REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <i>Timothy G. Smith</i>			Date <i>Oct 27, 2000</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

CR2E040 (12/95)



## NAUTICUM TECHNIEKS, INC.

October 27, 2000

Department of State  
Division of Corporations  
P. O. 6327  
Tallahassee, FL 32314

Re: Nauticum Technieks, Inc.  
FEI # 65-0456420

Dear Sir:

Due to an incorrect address I have never received the 1999 and 2000 Annual Reports for the above reference company.

I spoke with your office today and they have checked their records, that indicate the 1999 and 2000 Annual Reports were return to the Division of Corporations. Per your office's instructions I am enclosing my check for \$300.00 for reinstatement.

Thank you for your prompt attention to this matter.

Sincerely,

Tim Smith  
President