


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 07 JAN 23 PM 4: 15 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # 1. Corporation Name NAUTIKOS, INC. P96000043470			
2. Principal Office Address 7290 San Sebastian Dr. Suite, Apt. #, etc.		3. Mailing Office Address 7290 San Sebastian Dr. Suite, Apt. #, etc.	
City & State Boca Raton, FL Zip 33433 Country USA		City & State Boca Raton, FL Zip 33433 Country USA	
		4. Date Incorporated or Qualified To Do Business in Florida 5-15-96	
		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Laura Chippas			
Street Address (P.O. Box Number is Not Acceptable) 15170 70th TRAIL N.			
Suite, Apt. #, Etc. 700087605907			
City PALE BEACH GARDENS State FL Zip Code 33418			
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 Laura Chippas		Date 1-21-07	
REGISTERED AGENT MUST SIGN			
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
President	Gary Reilly	7290 San Sebastian Dr.	Boca Raton, FL 33433
V.P.	Laura Chippas-Ross	15170 70th TRAIL N.	Palm Beach Gardens FL 33418
Sec.	Linda Ann Reilly	7290 San Sebastian Dr.	Boca Raton, FL 33433
10. 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 contained in Chapter 119, 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: Laura Chippas		Date 1-21-07	Daytime Phone # 561 368-0573 305-987-6505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

01-22-2007

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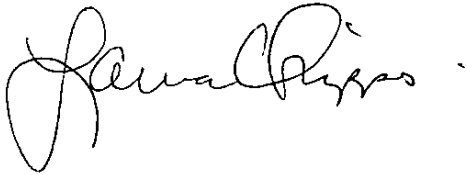
Florida Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
850-845-6059

from: Laura Chippas- Ross
15170 70th Trail N.
Palm Beach Gardens, FL 33418

Ref.: Nautikos, Inc.
P96000043470

Please be advised that we did not receive the annual report notices in the year of
dissolution/revocation. (1998)

Sincerely,
Laura Chippas

A handwritten signature in cursive script, appearing to read "Laura Chippas", with a small dot at the end.