PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 OCT 17 PM 5:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000054449

1. Corporation Name
Nautical Discoveries, Inc.

10/11/05 01002 006 900.00
CR2E081 (8/05)

2. Principal Office Address	3. Mailing Office Address
5820 S. US Hwy 1	895 Newfound Harbor Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Viera, Florida	City & State: Merritt Island, Florida
Zip: 32955 Country: Brevard	Zip: 32952 Country: Brevard

4. Date Incorporated or Qualified To Do Business In Florida: June 14 1999

5. FEI Number: 30-0269422 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $ Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Barbara A. Perez

Street Address (P.O. Box Number is Not Acceptable): 895 Newfound Harbor Dr.

Suite, Apt. #, Etc.:

City: Merritt Island | State: FL | Zip Code: 32952

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: Barbara A Perez — REGISTERED AGENT MUST SIGN — Date: September 16, 2005

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
Pres	Daniel W. Fowler	895 Newfound Harbor Dr.	Merritt Island, Florida 32952
Sec	Barbara A. Perez	895 Newfound Harbor Dr.	Merritt Island, Florida 32952
CFO	Catherine E. Scott	895 Newfound Harbor Dr.	Merritt Island, Florida 32952
	REINSTATEMENT 00-05		

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 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: Daniel W Fowler — 09/16/2005 — 321.454.7228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #