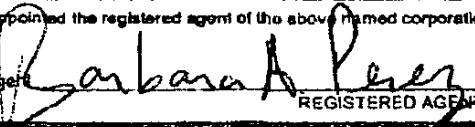
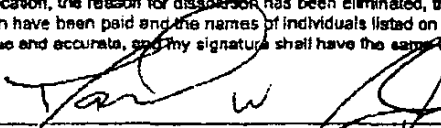


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000054449					
1. Corporation Name Nautical Discoveries, Inc.					
2. Principal Office Address 5820 S. US Hwy 1 Suite, Apt. #, etc.			3. Mailing Office Address 895 Newfound Harbor Dr. 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 				Date September 16, 2005	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	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		
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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daniel W. Fowler		Date 09/16/2005	Daytime Phone # 321.454.7228