

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

APPLICATION FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

1997 MAR 11 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S07192

1. Corporation Name

NAUTILUS BY THE SEA, INC.

Principal Place of Business

Mailing Address

1327 Saxon Drive  
New Smyrna Beach  
Florida 32169

1327 Saxon Drive  
New Smyrna Beach  
Florida 32169

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

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida  
10/15/90

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number  
59-3040764

Applied For  
Not Applicable

City & State

City & State

Zip Country

Zip Country

6. CERTIFICATE OF STATUS DESIRED  \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Robert E. Burnazos	3001 S. Atlantic Ave. #304	New Smyrna Bch., FL 32169
V	Jennifer S. Burnazos	3001 S. Atlantic Ave. #304	New Smyrna Bch., FL 32169
ST	Rachel R. Burnazos	3001 S. Atlantic Ave. #304	New Smyrna Bch., FL 32169

**REINSTATEMENT** *ds 07 2/12/97*

8. Name and Address of Current Registered Agent

Robert E. Burnazos  
1327 Saxon Drive  
New Smyrna Beach, FL 32169

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
00000211 1970--8  
Suite, Apt. #, Etc.  
-03712797--01136--002  
City  
\*\*\*1080.00 \*\*\*1080.00  
State FL 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 *Robert E. Burnazos*  
REGISTERED AGENT MUST SIGN

Date *3/6/97*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(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: *Robert E. Burnazos*  
SIGNATURE AND TYPED OR PRINTED NAME

*3/6/97* 904-426-0079

CR2000 (12/95)