PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

N02527

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 SEP -4 PM 3:53

DOCUMENT #

1. Corporation Name
Dolphin Assisted Therapy and Aquatic Foundation, Inc.

REINSTATEMENT 91-96

Principal Place of Business
7220 NW 39th Manor
Coral Springs, Fl. 33065

Mailing Address
same

900002631929--4
-09/04/98--01011--012
****280.00 -****236.25

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

2. New Principal Office Address, If Applicable
Todd Soard, CFO
Suite, Apt. #, etc.
7220 NW 39th Manor
City & State
Coral Springs, Fl.
Zip
33065
County
Broward

3. New Mailing Office Address, If Applicable
same
Suite, Apt. #, etc.
City & State
Zip
Country

4. Date Incorporated or Qualified To Do Business in Florida
4/12/1984

5. FEI Number
59-2392111
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
CEO/D	Elizabeth Smart Kugler	11172 Narragansett Bay Ct.	Wellington, Fl. 33414
CFO/D	Todd A. Soard	7220 NW 39th Manor	Coral Springs, Fl. 33065
Director	David R. Smart, III	4083 Glenlake Tr.	Kennesaw, Ga. 30144

8. Name and Address of Current Registered Agent
Todd Soard
7220 NW 39th Manor
Coral Springs, Fl. 33065

9. Name and Address of New Registered Agent
Name
same
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State FL
Zip Code

CR2E040 (12/96)

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 Todd A Soard
REGISTERED AGENT MUST SIGN
Date 9-1-98

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 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: Elizabeth Smart Kugler CEO Elizabeth Smart Kugler 9/1/98 561-791-0170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #