PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 DEC 27 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02527

1. Corporation Name
Dolphin and Marine Medical Research Foundation, Inc.

Principal Place of Business	Mailing Address
- please see New Principal Office Address in Block 2	- please see New Mailing Office Address in Block 3

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

REINSTATEMENT 1999

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
562 Whippoorwill Way	562 Whippoorwill Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Palm Beach, FL	City & State: West Palm Beach, FL
Zip: 33411 Country: US	Zip: 33411 Country: US

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 ☐ $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 S. Kugler	562 Whippoorwill Way	West Palm Beach, FL 33411
CFO/D	Todd A. Soard	7220 NW 39th Manor	Coral Springs, FL 33065
D	David R. Smart, III	4033 Glenlake Trace	Kennesaw, GA 30144

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8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
- please see Name and Address of New Registered Agent in Block 9	Name: Elizabeth S. Kugler Street Address (P.O. Box Number is Not Acceptable): 562 Whippoorwill Way Suite, Apt. #, Etc.: City: West Palm Beach State: FL Zip Code: 33411

CR2E081 (12/98)

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: Elizabeth Smart Kugler (REGISTERED AGENT MUST SIGN) Date: 12/22/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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 S. Kugler Elizabeth Smart Kugler 12/22/99 561-791-0170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #