PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JUL -5 AM 9:29

DOCUMENT # N02527

1. Corporation Name

DOLPHIN AND MARINE MEDICAL RESEARCH FOUNDATION, INC.

Principal Place of Business	Mailing Address
562 WHIPPOORWILL WAY WEST PALM BEACH FL 33411	562 WHIPPOORWILL WAY WEST PALM BEACH FL 33411

REINSTATEMENT 00-01

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 Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/12/1984

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 3	City / State / Zip 4
CEOD	KUGLER, ELIZABETH S	562 WHIPPOORWILL WAY	WEST PALM BEACH FL 33411
CFOD	SOARD, TODD A	7220 NW 39TH MANOR	CORAL SPRINGS FL 33065
D	SMART, DAVID R III	4033 GLENLAKE TR.	KENNESAW GA 30144

100004474371--3
-07/13/01--01042--027
****306.25 ****306.25

8. Name and Address of Current Registered Agent

KUGLER, ELIZABETH S
562 WHIPPOORWILL WAY
WEST PALM BEACH FL 33411

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

CR2E040 (8/00)

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 (ELIZABETH S KUGLER)
REGISTERED AGENT MUST SIGN

Date: May 24, 2001

11. 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 (ELIZABETH S KUGLER) May 24, 2001 561-791-0170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #