

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 DEC 24 PM 3:28

CORPORATION REINSTATEMENT



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

DOCUMENT # 796000000757

1. Corporation Name
HUMAN DOLPHIN INSTITUTE

2. Principal Office Address <u>21506 Dolphin Ave.</u>		3. Mailing Office Address <u>21506 Dolphin Ave.</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Panama City Beach, FL 32413</u>		City & State <u>Panama City Beach, FL 32413</u>	
Zip <u>32413</u>	Country <u>USA</u>	Zip <u>32413</u>	Country <u>USA</u>

REINSTATEMENT JB 01

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-3421699

Applied For	
Not Applicable	

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Steven L. Applebaum

Street Address (P.O. Box Number is Not Acceptable)
9108 Front Beach Road

Suite, Apt. #, Etc.

City
Panama City Beach

State
FL

Zip Code
32407

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 [Signature] Date _____

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	<u>Albert Smith</u> ✓	<u>21506 Dolphin Ave.</u>	<u>Panama City Beach, FL 32413</u>
VP D	<u>Russell McFee</u> ✓	<u>3004 Salerno Rd.</u>	<u>Stuart, FL</u>
STD	<u>Michel Atlas</u> ✓	<u>3224 Bay Estates Dr.</u>	<u>Destin, FL 32550</u>
D	<u>William Woods</u>	<u>118 Treasure Palms Dr.</u>	<u>Panama City Beach, FL 32408</u>

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] Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2081 (8/00)