

APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 NOV 15 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P 98000078023

1. Corporation Name

DOLPHINWATCH, INC.

2. Principal Office Address

1200 VARELA ST

Suite, Apt. #, etc.

3. Mailing Office Address

1200 VARELA ST.

Suite, Apt. #, etc.

City & State

KEY WEST, FL

Zip

Country

33040 USA

City & State

KEY WEST, FL

Zip

Country

33040 USA

REINSTATEMENT

1999-2202

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

30-0099040

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ALMA ARMENDARIZ

Street Address (P.O. Box Number is Not Acceptable)

1200 VARELA ST.

Suite, Apt. #, Etc.

700009025547

11/15/02--01077--006 ** 350.00

City

KEY WEST

State
FL

Zip Code

33040

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

Alma Armendariz
REGISTERED AGENT MUST SIGN

Date 11/14/02

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
PRES	ALMA ARMENDARIZ	1200 VARELA ST.	KEY WEST, FL 33040
V.P.	JOHN BALTZELL	1200 VARELA ST.	KEY WEST, FL 33040
T	Ronn Canning	1200 Carela St.	Key West, FL 33040

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)(f), 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:

Alma Armendariz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/02
Date

305
294 6306
Daytime Phone #

CRZ081 (9/01)