

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 573254</b> 1. Entity Name <b>DOLPHIN AQUARIUM &amp; PET PRODUCTS, INC.</b>					
Principal Place of Business 238 W MICHIGAN AVE PENSACOLA, FL 32505 US				Mailing Address 238 W MICHIGAN AVE PENSACOLA, FL 32505 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		10062005 REIN-P CR2E098 (6/04)	
City & State		City & State		4. FEI Number <b>59-1832505</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BRISCALL, THOMAS S</b> <b>238 W MICHIGAN AVE</b> <b>PENSACOLA, FL 32505</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	PDC BRISCALL, THOMAS S 238 W MICHIGAN AVE PENSACOLA, FL 32505	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	000060459590 10/10/05--01080--021 **150.00	
TITLE NAME STREET ADDRESS CITY ST ZIP	DV BRISCALL, BARBARA C 238 W MICHIGAN AVE PENSACOLA, FL 32505	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	DVS BRISCALL, THOMAS S JR. 238 W MICHIGAN AVE PENSACOLA, FL 32505	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.					
SIGNATURE:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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