

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV 13 PM 3:32

DOCUMENT # ~~574886~~ 723960

1. Corporation Name

DOLPHIN TOWERS CONDOMINIUM
ASSOCIATION, INC.

2. Principal Office Address

3. Mailing Office Address

101 S. GULFSTREAM AVE 101 S. GULFSTREAM AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SARASOTA FL

SARASOTA, FL

Zip

Country

Zip

Country

34236

SARASOTA

34236

SARASOTA

4. Date Incorporated or Qualified
To Do Business in Florida

July 13, 1972

5. FEI Number

59-1429696

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

JANIS K. FARR

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

101 S. Gulfstream Avenue

Suite, Apt. #, Etc.

Dolphin Tower Office

City

Sarasota

State

FL

Zip Code

34236

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

Janis K. Farr

REGISTERED AGENT MUST SIGN

Date 11-8-00

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 |
|--------|--------------------------------------|---|--------------------|
| P | CAROL PACAN | 101 S. Gulfstream Ave #10 | Sarasota, FL 34236 |
| V | CARL LEINBERGER | 101 S. Gulfstream Ave. #14-K | Sarasota, FL 34236 |
| T | CHRISTIANE WILLIAMSON | 101 S. Gulfstream Ave #15-K | Sarasota, FL 34236 |
| D | REYNOLD SPANGLER | 101 S. Gulfstream Ave #4-F | Sarasota, FL 34236 |
| D | CHRISTOPHER RAETZ | 101 S. Gulfstream Ave #9-A | Sarasota, FL 34236 |

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:

C.J. WILLIAMSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #