

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 23 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000004219

1. Corporation Name

DOLPHIN ENERGY CORPORATION

Principal Place of Business

Mailing Address

~~1155 BRICKELL BAY DRIVE, #1708~~
~~MIAMI FL 33131~~

~~1155 BRICKELL BAY DRIVE, #1708~~
~~MIAMI FL 33131~~



REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1001 Brickell Bay Drive

Suite, Apt. #, etc.

Suite 2202

City & State

Miami, Florida

Zip 33131

Country USA

3. New Mailing Office Address, If Applicable

1001 Brickell Bay Dr.

Suite, Apt. #, etc.

Suite 2202

City & State

Miami, Florida

Zip 33131

Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/20/2002

5. FEI Number

22-3863724

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
CP	BRUNER, MARC E	1155 BRICKELL BAY DRIVE, #1708	MIAMI FL 33131
VCT	LOTITO, C. TONY	4610 S. NANILOA DRIVE	SALT LAKE CITY UT 84117
DS	BRUNER, A. SHANE	1155 BRICKELL BAY DRIVE, #1708	MIAMI FL 33131
D	EDWARDS, JAMES M	184 CLASSEN STREET	DALLAS TX 75218
VP	CROWELL, CHARLES B	6440 N. CENTRAL EXPRESSWAY, #503	DALLAS TX 75206

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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

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. or 617.0505, F.S.

Signature of
Registered Agent

Connie Bryan
SIGNATURE

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

Date

REGISTERED AGENT MUST SIGN

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:

Marc E. Bruner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marc E. Bruner 10/20/03 305 373-5725

Date

Daytime Phone #