PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 APR 29 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100005556841--3
-05/17/02--01015--031
***1050.00 ***1050.00

DOCUMENT # H13573

1. Corporation Name

DOLPHIN PROMOTIONS, INC.

2. Principal Office Address	3. Mailing Office Address
1350 MIDDLE RIVER DRIVE	721 N.E. THIRD AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT. LAUD., FL	City & State: FT. LAUD., FL 33304
Zip: 33304 Country: USA	Zip: 33304 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 7/24/1984

5. FEI Number: 65-0132501 ☐ 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: ANTHONY M LIVOTI JR., ESQ.

Street Address (P.O. Box Number is Not Acceptable): 721 N.E. THIRD AVENUE

Suite, Apt. #, Etc.:

City: FT. LAUDERDALE State: FL Zip Code: 33304

00-02 REINSTATEMENT

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 _____ REGISTERED AGENT MUST SIGN Date 3/22/02

CR2E091 (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
PD	ROBERT H. SMITH	1350 MIDDLE RIVER DRIVE	FT. LAUD., FL 33304
S	ROSEMARY KRIEGER	525 THOMAS	FOREST PARK, IL 60130
D	DON RABIDEAU	104 LAKE TERRACE COURT	HENDERSONVILLE, TN37075

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: Robert H. Smith ROBERT SMITH-PRESIDENT (954)563-6747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #