

APPLICATION FOR ⁹⁶⁻⁹⁷ REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

97 JUL -7 AM 5:26

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT #J12182
BLUE DOLPHIN FIBERGLASS INSTALLATIONS INC
452 S. CONGRESS AVE
WEST PALM BEH. FLA 33406.

2. If Address in Block 1 is incorrect in any way, enter the correct address below:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Address
City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:
NA.

Address
City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida
1986-

5. FEI Number
59-2719217

FEI Number Applied For
FEI Number Not Applicable

6. \$8.75 Additional Fee required for a Certificate of Status
CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	CHARLES J KASPER	525 S. FAGLER DR 19A.	W.P.B FLA 33401
Secy	CHARLES J KASPER	525 S. FAGLER DR 19A	W.P.B FLA 33401
			600002234606--2 -07/10/97--01013--013 ****722.50 ****722.50
			REINSTATEMENT 95-97
			600002234606--2 -07/10/97--01013--014 ****375.00 ****375.00

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent
CHARLES KASPER
452 S. CONGRESS AVE
W.P.B FLA 33406.

9. If changed, new registered agent's name
Name NA
Street Address (Do NOT Use P.O. Box Number) NA
Street Address (Do NOT Use P.O. Box Number) NA
City NA State FL Zip

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.
Signature of Registered Agent: *Charles Kasper* Date: 6/12/97
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: *Charles Kasper* Date: 6/12/97 Daytime Phone #: 800-226-2583
Typed or printed name of signing officer or director: CHARLES KASPER