

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 JUN 18 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000009204

1. Corporation Name

JF2 Dolphin Theraphy Research Foundation, Inc.

2. Principal Office Address - No P.O. Box #

76 Waynell Circle SE

Suite, Apt. #, etc.

City & State

Fort Walton Beach, FL

Zip

32548

Country

USA

3. Mailing Office Address

76 Waynell Circle SE

Suite, Apt. #, etc.

City & State

Fort Walton Beach, FL

Zip

32548

Country

USA

300131629969
06/24/08--01034--004 ***315.25
CR2E081 (12/07)

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/23/03

5. FEI Number

51-0486633

☐ 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

FRANK Fuller

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

76 WAYNEL CIRCLE S.E.

Suite, Apt. #, Etc.

City

FT. WALTON Beach.

State

FL

Zip Code

32548

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Frank Fuller

REGISTERED AGENT MUST SIGN

Date June 2008

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
Treas	BETTY FLOWERS	915 JASON DRIVE	Wixom, MI 48390
Pres	JANET FLOWERS	76 WAYNEL Circle	FT. Walton Beach, FL 32548
Sec	FRANK Fuller	76 waynel Circle	FT. Walton Beach, FL 32548

REINSTATEMENT

04-08-08

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 contained in Chapter 119, 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:

Frank Fuller FRANK FULLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

850-598-1999

Daytime Phone #