PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 NOV 20 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06411

1. Corporation Name

Dolphin's Cove Estate, Inc.

900138131359
11/20/08--01023--013 **123.50

REINSTATEMENT 07-08 AR

CR2E081 (10/08)

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
103 Dolphin Cove		103 Dolphin Cove	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Freeport, FL		Freeport, FL	
Zip	Country	Zip	Country
32439			

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number ☐ 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
Hudkins, Raymond P.

Street Address (P.O. Box Number is Not Acceptable)
1126 East La Rua Street

Suite, Apt. #, Etc.

City	State	Zip Code
Pensacola	FL	32501

☑ 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 Raymond P Hudkins Date 11/17/2008

REGISTERED AGENT MUST SIGN

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
S	Shields, Richard D	163 Dolphin Cove	Freeport/FL/32439
TD	Hudkins, Raymond P	1126 East La Rua St	Pensacola/FL/32501
PD	Robbins, Chandler	232 White Street, Unit #5	Niceville/FL/32578
VD	Brown, Richard	3906 Oak Hill Drive	Douglasville/GA/30135

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: Raymond P Hudkins Raymond P. Hudkins November 17, 2008 850-883-0316

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

11/20