

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 20 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07000005934

1. Corporation Name

DOLPHIN SPRINGS CONDOMINIUM ASSOCIATION, INC.

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

1808 1ST STREET

Suite, Apt. #, etc.

UNIT A

City & State

INDIAN ROCKS BEACH, FL

Zip

33785

Country

3. Mailing Office Address

16221 CARNOUSTIE DR

Suite, Apt. #, etc.

City & State

ODESSA, FL

Zip

33556

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/15/2007

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

VALDES, CHRISTINE

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

16221 CARNOUSTIE DR

Suite, Apt. #, Etc.

City

ODESSA

State

FL

Zip Code

33556

☒ 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

Christine Valdes
REGISTERED AGENT MUST SIGN

Date

11/14/09

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
V/T/S	FLORES, EDWIN V	16221 CARNOUSTIE DR	ODESSA FL 33556
P	VALDES, CHRISTINE	16221 CARNOUSTIE DR	ODESSA FL 33556

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

Edwin Flores

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/14/09

Daytime Phone #