

**2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Sep 30, 2014  
Secretary of State**

DOCUMENT# N12000010756

Entity Name: EAST MIRAMAR DOLPHINS, INC.

**Current Principal Place of Business:**

1854 NW 204TH STREET  
MIAMI, FL 33056

**New Principal Place of Business:**

**Current Mailing Address:**

1854 NW 204TH STREET  
MIAMI, FL 33056

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMATHERS, TIMOTHY H JR.  
1854 NW 204TH STREET  
MIAMI, FL 33056    US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TIMOTHY SMATHERS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: SMATHERS, TIMOTHY H JR.  
Address: 1854 NW 204TH STREET  
City-St-Zip: MIAMI, FL 33056

Title: DVP  
Name: PAYOUTE, MAC DONALD  
Address: 2920 NW 209TH TERRACE  
City-St-Zip: MIAMI GARDENS, FL 33056

Title: D/S  
Name: SMATHERS, SHARELL  
Address: 1854 NW 204TH STREET  
City-St-Zip: MIAMI, FL 33056

Title: D/T  
Name: WALLACE, LIZETTE  
Address: 1854 NW 204TH STREET  
City-St-Zip: MIAMI, FL 33056

Title: D  
Name: SMITH, ANDRE  
Address: 16210 NW 28TH PLACE  
City-St-Zip: MIAMI GARDENS, FL 33054

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY SMATHERS JR

P

09/30/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date