

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 14 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N15507

1. Corporation Name

DOLPHIN RUN OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1106 W 4TH STREET
LYNN HAVEN FL 32444
US

1106 W 4TH STREET
LYNN HAVEN FL 32444
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/19/1986

5. FEI Number

59-2697504

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED I

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	POITEVINT, JOYCE	1410 TALLAHASSEE RD.	BAINBRIDGE GA
TD	TOBOLDT, WILLIAM A	1106 W 4TH ST	LYNN HAVEN FL
SD	GERAINE, NORA	10410 BLACK BEAR RD	KALKASKA MI 49846
			500003078165--7- -12/22/99-01070-003 *****61.25 *****61.25
			REINSTATEMENT 99 11 TS
			500003078165--7- -12/22/99-01070-004 *****175.00 *****175.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILLIAMS, JACK G.
833 HARRISON AVE.
PANAMA CITY FL 32401

Name

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

502 HARMON AVE

Suite, Apt. #, Etc.

City

PANAMA CITY

State

FL

Zip Code

32401

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

WILLIAM A. TOBOLDT
REGISTERED AGENT MUST SIGN

Date

11/1/99

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM A. TOBOLDT

11/1/99

850-265-5021

Daytime Phone #