

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 SEP 23 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N44025**

1. Corporation Name

Dolphin Cove Water System Association, Inc.

HB

2. Principal Office Address

33 Dolphin Place

Suite, Apt. #, etc.

City & State

Freeport, FL

Zip

32439

Country

USA

3. Mailing Office Address

33 Dolphin Place

Suite, Apt. #, etc.

City & State

Freeport, FL

Zip

32439

Country

USA

REINSTATEMENT 01-03

4. Date Incorporated or Qualified
To Do Business in Florida

6/24/91

5. FEI Number

59-3079363

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Gregory Gibson

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

33 Dolphin Place

Suite, Apt. #, Etc.

City

Freeport

State

FL

Zip Code

32439

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

Gregory Gibson

REGISTERED AGENT MUST SIGN

Date

9/20/03

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
D	Gregory Gibson	33 Dolphin Place	Freeport, FL 32439
D	Ima Gibson	33 Dolphin Place	Freeport, FL 32439
T	John Gibson	9791 SW 132 Terrace	Miami, FL 33176

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 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:

Gregory Gibson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory Gibson

Date

9/20/03

Daytime Phone #

850-835-9836

CR2E081 (10/02)