

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

NOV 12 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003709

1. Corporation Name

SUGARLOAF DOLPHIN SANCTUARY, INC.

Principal Place of Business

SUGARLOAF LODGE
MM 17
SUGARLOAF KEY FL 33044
US

Mailing Address

SUGARLOAF LODGE
MM 17
SUGARLOAF KEY FL 33044
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

08/01/1993

5. FEI Number

05-0447425

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DT	GOOD, LLOYD A III	SUGARLOAF LODGE / MM17	SUGARLOAF KEY FL
VP D	SPILL, RICH Good, John B	6210 CENTRAL STREET NE Sugarloaf Lodge / MM17	WASH DC Sugarloaf Key FL
DT D	SHAW, RICH DUNCAN, CATHERINE	3551 MAIN HIGHWAY Sugarloaf Lodge / MM 17	BOGOT, COLOMBIA Sugarloaf Key FL
ASD	BERMAN, MARK	600 BROADWAY, STE 20	SAN FRANCISCO CA
S	FIRESTONE, MARTINE	4000 64TH STREET	BAY HARBOR ISLES FL
ST	SCHNEIDER, BOB	3025 BRISANTINE BLVD	BRISANTINE NJ

8. Name and Address of Current Registered Agent

FIRESTONE, MARTINE
SUGARLOAF LODGE
MM17
SUGARLOAF KEY FL 33044

9. Name and Address of New Registered Agent

Name: Lloyd A. Good III
Street Address (P.O. Box Number is Not Acceptable):
M.M. 17 US Highway #1
Suite, Apt. #, Etc.: Sugarloaf Lodge
City: Sugarloaf Key
State: FL
Zip Code: 33044

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

Lloyd A. Good III
REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/5/96

200002003357-1

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

11/19/96-01140-004
****256 on Mangrove Rd****

12. 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:

Lloyd A. Good III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/96 305/745/3211
Date Daytime Phone #