

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 DEC 24 PM 3:28

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # 796000000 757

1. Corporation Name

HUMAN DOLPHIN INSTITUTE

2. Principal Office Address

21506 Dolphin Ave.

3. Mailing Office Address

21506 Dolphin Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City Beach, FL 32413

City & State

Panama City Beach, FL 32413

Zip

32413

Country

USA

Zip

32413

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3421699

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

Steven L. Applebaum

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

9108 Front Beach Road

Suite, Apt. #, Etc.

City

Panama City Beach

State

FL

Zip Code

32407

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

REGISTERED AGENT MUST SIGN

Date

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 |
|--------|--------------------------------------|---|-----------------------------|
| PD | Albert Smith ✓ | 21506 Dolphin Ave. | Panama City Beach, FL 32413 |
| VP D | Russell McFee ✓ | 3004 Salerno Rd. | Stuart, FL |
| STD | Michel Atlas ✓ | 3224 Bay Estates Dr. | Destin, FL 32550 |
| D | William Woods | 118 Treasure Palms Dr. | Panama City Beach, FL 32408 |
| | | | |
| | | | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (8/00)