

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 MAY -5 AM 10:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P00000091580

**1. Corporation Name** Dolphin International Enterprises, Inc.  
370 West Hwy 54  
Camdenton, MO 65020

**2. Principal Office Address**  
370 W. Hwy 54

**3. Mailing Office Address**  
370 W. Hwy 54

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
Camdenton, MO

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Camdenton, MO

**Zip** 65020 **Country** USA

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**4. Date Incorporated or Qualified  
To Do Business in Florida** 09/28/2000

**5. FEI Number**  
651059356

**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**

Bill Dixon

**Street Address (P.O. Box Number is Not Acceptable)**  
98 Sussex E.

**Suite, Apt. #, Etc.**

**City**

West Palm Beach, FL

**State**  
FL

**Zip Code**  
33417

**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**

*Bill Dixon*  
REGISTERED AGENT MUST SIGN

**Date**

4-30-03

**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
P	Don Koeninger	Rte 2 Box 2200J	Linn Creek, MO 65052
S	Karen Dahlgren	2100 Buck Run Circle	Osage Beach, MO 65065
T	John Farrell	PO Box 364	Osage Beach, MO 65065

**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:**

*Karen Dahlgren*

Karen Dahlgren

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03

Date

573 317 0480

Daytime Phone #

CR2E081 (10/02)



2/2

April 30, 2003

Attn: Reinstatement Section  
Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

**TO WHOM IT MAY CONCERN:**

We are applying for reinstatement of our corporation. We did not receive the notice since the address of the registered agent is no longer valid. Please accept our cashier check for \$300.00 and application for reinstatement.

If there is anything else I need to do to please do not hesitate to call me at our toll free number 866-317-0480 from 8:00 am - 4:00 pm CST.

Sincerely,

A handwritten signature in cursive script that reads "Karen".

Karen Dahlgren  
Secretary  
Dolphin International Enterprises, Inc.