

PS 171

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR -2 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000096589**

1. Corporation Name

Dolphin Graphics, Inc.

2. Principal Office Address

197 Lowe Street

Suite, Apt. #, etc.

City & State

Tavernier, FL

Zip

33070

Country

USA

3. Mailing Office Address

197 Lowe Street

Suite, Apt. #, etc.

City & State

Tavernier, FL

Zip

33070

Country

USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

10/13/2000

5. FEI Number

65-1056776

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

Christina Collins

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

197 Lowe Street

Suite, Apt. #, Etc.

City

Tavernier

State

FL

Zip Code

33070

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

Christina Collins

REGISTERED AGENT MUST SIGN

Date

1/28/04

1500.00
150.00

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	Collins, Christina	197 Lowe St.	Tavernier, FL 33070

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:

Christina Collins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/28/04

Daytime Phone #

CP2E081 (10/02)

TK

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F. KENNETH TOMEK

Certified Public Accountant

10100 West Sample Road • Suite 318

Coral Springs, Florida 33065

Tel: (954) 340-8880 • Fax: (954) 341-6161

Email: FKTCPA@aol.com

~~January 28, 2004~~

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Corporation Reinstatement of Dolphin Graphics, Inc.

Dear Administrators:

Enclosed herewith is a check for \$150.00 payable to Department of State along with a corporate reinstatement application for the above referenced corporation for the annual filing fees.

We hereby request that you reinstate the above referenced corporation due to the fact the ~~Annual UBR report was never received at the address as so noted on the prior years 2003~~ UBR report. My client's address has changed and reported the appropriate changes to the postal authorities for mail forwarding, however upon reviewing the status on line we find that the corporation has been administratively dissolved. At this point we are quite perplexed.

Thank you very much concerning this matter and if we can be of any further assistance please do not hesitate to contact this office.

Very Truly Yours,


F. Kenneth Tomek, CPA