

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 14 PM 2:56

DOCUMENT # P01 000023676

1. Corporation Name

DOLPHIN RELOCATION SERVICES, INC.

2. Principal Office Address

3890 W. COMMERCIAL BLVD
Suite, Apt. #, etc. #214

City & State

FT LAUDERDALE FL
Zip 33309 Country USA

3. Mailing Office Address

3890 W. COMMERCIAL BLVD
Suite, Apt. #, etc. #214

City & State

FT LAUDERDALE FL
Zip 33309 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida 3-7-01

5. FEI Number

65-1081285

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

YARON ISRAEL

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

3890 W. COMMERCIAL BLVD
Suite, Apt. #, Etc. #214

City

FT LAUDERDALE FL 33309

State
FL

Zip Code

500014070015

03/14/03--01007--014 **\$00.00

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

2/24/03

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	YARON ISRAEL	3890 W. COMMERCIAL BLVD	FT LAUDERDALE, FL 33309

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

2/24/03

Daytime Phone #

954 722 6399

CR2E081 (10/02)

Memo

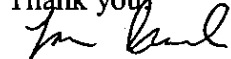
To: Florida Dept of State
From: Dolphin Relocation Services, Inc.
Subject: Corporation Reinstatement
Date: February 25, 2003

P01000023676

We never received a renewal report for 2002 or 2003, probably because we moved in 2001 and nothing was ever forwarded to us.

So enclosed is our reinstatement application along with a money order for \$ 300.00 for last year and this year.

Thank you,



Yaron Israel
President

3890 W. Commercial Blvd. Suite 214
Fort Lauderdale, Fl 33309
