PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 02 NOV

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV -4 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000030261

1. Corporation Name

BAY DOLPHIN WATERSPORTS, CO.

Principal Place of Business	Mailing Address
10621 SW 199TH ST. MIAMI FL 33157	10621 SW 199TH ST. MIAMI FL 33157

000008786940
11/04/02--01077--016 **150.00

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/16/2001

5. FEI Number: 593716056 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	KELARIS, FILIPPOS A	10621 SW 199TH ST.	MIAMI FL 33157
VSD	KELARIS, LESLIE C	10621 SW 199TH ST.	MIAMI FL 33157

8. Name and Address of Current Registered Agent

KELARIS, FILIPPOS A
10621 SW 199TH ST.
MIAMI FL 33157

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State FL | Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent SIGNATURE REQUIRED Date 10/28/02
REGISTERED AGENT MUST SIGN

11. 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 REQUIRED Leslie C. Kelaris 10/28/02 305 453 4554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

WAVERUNNER KAYAK CANOE RENTALS

Bay Dolphin WATERSPORTS

October 28, 2002

Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, Fl 32314
Attn: Reinstatement Section

Re: Bay Dolphin Watersports, Co.

Dear Sir or Madam:

Bay Dolphin Watersports, Co. did not receive its form for filing its Uniform Business Report when we initially became incorporated. We had a blank form sent to us, but when filling it out we had made calls to our accountant regarding the proper filling in of the form. Our accountant had been out of town, hence the form was not filed timely.

We are requesting fees for filing late be waived or a portion thereof. We appreciate your assistance in this matter. Should you have any questions, please contact us at 305-453-4554.

Very Truly Yours,

Leslie Feliciano Kellaris

Website:
www.baydolphinwatersports.com

MM 104
The Italian Fisherman
104000 Overseas Hwy.
Key Largo, Florida 33037
(305) 453-9121
and
MM 102.5
The Quay Restaurant
102050 Overseas Hwy.
Key Largo, Florida 33037
(305) 451-2224