

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1002

FILED

03 APR 21 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P01000058509

1. Corporation Name

Dolphin Driveway Painting, Inc.

100018668461
05/09/03--01020--009 **150.00

100018668461
05/09/03--01020--008 **150.00

02-03UARK

2. Principal Office Address

10240 SW 4TH ST

Suite, Apt. #, etc.

3. Mailing Office Address

10240 SW 4TH ST

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33174

Country

U.S.A.

Zip

33174

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

6/12/2001

5. FEI Number

65-1124195

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Adolfo Castillo

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

10240 SW 4TH ST

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33174

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

Date 03/20/03

REGISTERED AGENT MUST SIGN

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/D	Adolfo Castillo	10240 SW 4TH ST	Miami, FL 33174

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

3/20/03

Date

305-207-6033

Daytime Phone #

CR2001 (9/01)

ZalZ

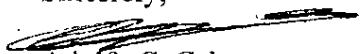
Florida Department of State
Division of Corporations

Re: **DOLPHIN DRIVEWAY PAINTING, INC**
Doc# **P01000058509**

To Whom It May Concern,

As per my telephone conversation with your office, with this letter I am asking that the penalty please be waived for the corporation. We did not receive notification in the mail, so thank you in advance for your time and consideration.

Sincerely, ^


Adolfo C. Cabrera
President/ Director