PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 MAR -5 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000095915

1. Corporation Name
DOLPHMAR FIBERGLASS, INC.

600031288635
03/26/04--01097--004 **300.00
REINSTATEMENT 03.04

2. Principal Office Address	3. Mailing Office Address
62 REGINA BLVD	P.O. BOX 900629
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Beverly Hill, FL.	City & State: Homestead, Florida
Zip: 34465 Country: CITRUS	Zip: 33090 Country: Dade

4. Date Incorporated or Qualified To Do Business in Florida: 10-2001

5. FEI Number: 59-3242888 ☐ 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: MARIO M. VICENTE

Street Address (P.O. Box Number is Not Acceptable): 27010 S.W. 142nd Ct

Suite, Apt. #, Etc.:

City: Homestead | State: FL | Zip Code: 33032

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: [signature] REGISTERED AGENT MUST SIGN Date: 02-17-04

CR2E051 (01/04)

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	MARIO M. VICENTE	27010 S.W. 142nd Ct	Homestead, FL. 33032
S	DENIA E. BRAVO	27010 S.W. 142nd Ct	Homestead, FL. 33032

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-17-04 Date

305-979-7869
305-803-5396 Daytime Phone #

Feb., 17, 2004

to whom it may concern:

Dolphin Fiberglass, Inc. did not received a bill for last year, reason why you didn't get the payment.
I called today and spoke to Bob about to reinstate the corporation. Maybe you send the bill to the company address not to the mailing address. Please accept our apologies. Enclosed please find a check for $300.00 which should cover for 2003 & 2004.

Thank you
very truly yours

Denia E. Bravo
secretary
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