

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

04 MAR -5 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **P01000095915**

1. Corporation Name

Dolphmar Fiberglass, INC.600031288696
03/26/04--01097--004 **300.00

REINSTATEMENT 03.04

2. Principal Office Address

62 Regina Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 900629

Suite, Apt. #, etc.

City & State

Beverly Hill, Fl.

City & State

Homestead, Florida

Zip

34465

Country

CITRUS

Zip

33090

Country

Dade4. 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 607.0605 or 617.0603, F.S.

Signature of
Registered Agent**M/V**Date **02-17-04**

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.	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02-17-04

Daytime Phone #

305-979-7869**305-603-5396**

CROSBY (01/04)

Feb. 17, 2004

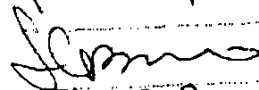
to whom it may concern:

Dolphmar Fiberglass, Inc. did not received a bill for last year, reason why you didn't get the payment.

I called today and spoke to Rob about to reinstate the corporation. Maybe you sent 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

Document # PO1000095915