## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT OF TO	FLORIDA DEPARTMENT OF STATE  Jim Smith  Secretary of State  DIVISION OF CORPORATIONS	02 OCT 25 PM 2: 48  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT# POLO  1. Corporation Name  Dolphin Homes	00 108776 Builders, Corp.		
2. Principal Office Address	3. Mailing Office Address W. CAPE COL	al Phys	
Sulte, Apt. #, etc.	Suite And # etc. PMB#2/2	4. Date Incorporated or Qualified To Do Business in Florida///3/0/	
City & State Zip Country	CAPE COLAL FI Zip 33914 Country SA	5. FEI Number Applied For FEI -65 - 115360 Not Applied be  6. CERTIFICATE OF STATUS DESIRED	
7. Name and Address of Current Registered Agent			
Name ZONIA  Street Address (P.O. Box Number is N. 24 So. Exum Suite, Apt. #, Etc.  City  Key Lando	Ceyes  of Acceptable)  A  Col  Col  Col  Col  Col  Col  Col	600008581126 10/25/0201005001 **150.00 State Zip Code <b>FL</b> 33037	
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			
9. Names and Street Addresses of Each Officer an	d/or Director (Florida nonprofit corporations must list at le	east 3 directors)	
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director		
PS/T/D ZOWIA C RE	EYES. 24 SO. EXUMP R	d Key Longo Fl 33037	
		Riulza	
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:    10-17-02			

## DOLPHIN HOMES BUILDERS, CORP 1616-102 W. CAPE CORAL PKWY CAPE CORAL, FL 33914

October 17, 2002

Department of State
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

SUBJ: REQUEST TO WAIVER REINSTATEMENT FEE DOCUMENT # PO1000108776 FEI# 65-1153628

The notification for annual reporting was not received. The Register Agent and the Officers and/or Directors have been changed. Attached are the Corporation Reinstatement form and a check for the regular \$150.00 fee, as indicated by your staff.

If you have any questions, please call me at (305) 453-7921

Sincerely,

Zonia C. Reyes, President