


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000013133		
1. Entity Name DOLPHIN MARINE DETAIL INC.		

FILED
04 OCT 25 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2348 NW CAMELLIA AVE. STUART, FL 34994 US	Mailing Address 2348 NW CAMELLIA AVE. STUART, FL 34994 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



10142004 REIN-P CR2E098 (6/04)

4. FEI Number 71-0931509		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BARNHART, ELLEN L 2348 NW CAMELLIA AVE. STUART, FL 34994		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Ellen Barnhart (NOTE: Registered Agent signature required when reinstating) DATE: 10-23-04

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARNHART, ELLEN L 2348 NW CAMELLIA AVE. STUART, FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ellen Barnhart 10-23-04 772 485 3407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

October 23, 2004

Ellen Barnhart
Dolphin Marine Detail Inc.
2348 NW Camellia Ave.
Stuart, FL 34994
(772) 485 3407

Document #P03000013133

To Whom It May Concern:

Enclosed is my check for \$150.00 to reinstate my corporation. I sincerely request that the \$600.00 fee be waived due to the hurricane disasters that hit our area Aug.-Sept. I am still unpacking and trying to get back on my feet. I would appreciate your kind consideration.

Thank you,

Ellen Barnhart