# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Oct 04, 2005**
**Secretary of State**

DOCUMENT# P04000006454

**Entity Name:** DOLPHIN CONSULTANTS AND SERVICES, INC.

**Current Principal Place of Business:**

3245 NE 184TH STREET, #13106
AVENTURA, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

3245 NE 184TH STREET, #13106
AVENTURA, FL 33160

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GARRANCHAN, ARNALDO
2725 NE 165TH STREET
NORTH MIAMI BEACH, FL 33160 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: ARNALDO GARRANCHAN
Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: PRIETO, MARIA J
Address: 3245 NE 184TH STREET, #13106
City-St-Zip: AVENTURA, FL 33160

Title: TD ( ) Delete
Name: GARRANCHAN, LUIS
Address: 3245 NE 184TH STREET, #13106
City-St-Zip: AVENTURA, FL 33160

Title: D ( ) Delete
Name: GARRANCHAN, PABLO
Address: 3245 NE 184TH STREET, #13106
City-St-Zip: AVENTURA, FL 33160

Title: S ( ) Delete
Name: GARRANCHAN, ARNALDO
Address: 2725 NE 165TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33160

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PRIETO, MARIA J. PD 10/04/2005
Electronic Signature of Signing Officer or Director Date