PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations	FILED 11 MAY -4 AM 9:38
DOCUMENT # P06000113039 1. Corporation Name	SECRETARY OF STATE TALLAHASSEE, FLORIDA
ONE Eyed Dolphin Inc 2. Principal Office Address - No P.O. Box # 122 Eucalyptus Ct Suite, Apt. #, etc. City & State FORT Myers Beach FL Zip Country Zip Country Country	05/04/11-01037-002 **600.00 05/04/11-01037-002 **600.00 04/08/11-01056-005 **750.00 CR2E081 (12/08) 4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 20-54508 4-750.00 Applied For Not Applicable 6.
33931 : U3 33931 U3	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
Name OREN Barsheshet Street Address (P.O. Box Number is Not Acceptable) 122 EUCALYPTUS CT Suite, Apt. #, Etc. City Fort Myers Beach State State Zip Code FL 33931	The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the old Signature of Registered Agent REGISTERED AGENT MUST SIGN	Diligations of section 607.0505 or 617.0503, F.S.
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)	
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P OREN Barsheshet 122 Eucalyptus CI	
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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 filling 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 contained in Chapter 119, 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: Daytime Phone #	