

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000123836

FILED  
Feb 19, 2009  
Secretary of State

Entity Name: LITTLE DOLPHINS ACADEMY INC.

**Current Principal Place of Business:**

3423 NW 193 ST  
MIAMI GARDENS, FL 33056

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 552307  
MIAMI GARDENS, FL 33055

**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:**

LOCKWOOD, CARMEN  
3423 NW 193 STREET  
MIAMI GARDENS, FL 33056 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: CARMEN LOCKWOOD

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: P ( ) Delete  
Name: LOCKWOOD, C  
Address: P. O. BOX 552307  
City-St-Zip: MIAMI GARDENS, FL 33055

Title: VP ( ) Delete  
Name: LOCKWOOD, C.Y  
Address: P.O.BOX 552307  
City-St-Zip: MIAMI GARDENS, FL 33055

Title: T ( ) Delete  
Name: LOCKWOOD, N  
Address: P.O. BOX 552307  
City-St-Zip: MIAMI GARDENS, FL 33055

**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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LOCKWOOD.C

Electronic Signature of Signing Officer or Director

P

02/19/2009

Date