


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 APR 13 PM 3:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # P93000015218  
1. Corporation Name  
**DOLPHIN REMITTANCE, INC.**

2. Principal Office Address <b>2121 PONCE DE LEON BLV.</b> Suite, Apt. #, etc. <b>SUITE 240</b> City & State <b>CORAL GABLES, FLORIDA</b> Zip <b>33134</b>		3. Mailing Office Address <b>2121 PONCE DE LEON BLVD.</b> Suite, Apt. #, etc. <b>SUITE 240</b> City & State <b>CORAL GABLES, FLORIDA</b> Zip <b>33134</b>	
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**REINSTATEMENT 02-04**

4. Date Incorporated or Qualified To Do Business in Florida **02/22/1993**

5. FEI Number **650395254**  
Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  **\$8.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name  
**PRATS, GABRIEL**

Street Address (P.O. Box Number is Not Acceptable)  
**2121 PONCE DE LEON BLVD.**

Suite, Apt. #, Etc.  
**SUITE 240**

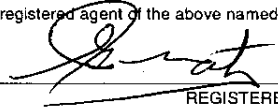
City  
**CORAL GABLES**

State  
**FL**

Zip Code  
**33134**

200032509802  
04/13/04--01018--007 \*\*1050.00

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.

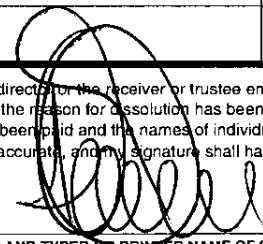
Signature of Registered Agent  Date **4-05-04**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPST	FERREIRA DA CONCEICAO, RENILDO	2121 PONCE DE LEON BLVD SUITE 240	CORAL GABLES, FL 33134

10. I certify that I am an officer or director of 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:  **Renildo Ferreira da Conceicao**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-05-04** Daytime Phone # **305-444-8333**

CR2E081 (01/04)