

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 SEP 14 PM 1:31

DOCUMENT # **P94000084040**

1. Corporation Name
Dolphin Glass Systems, Inc.

REINSTATEMENT 95-00

2. Principal Office Address
528 Humphries Rd.

3. Mailing Office Address
528 Humphries Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Safety Harbor, FL

City & State
Safety Harbor, FL

4. Date Incorporated or Qualified To Do Business in Florida
1994, Nov. 17

5. FEI Number
59-3291179

Applied For
Not Applicable

Zip
34695

Country
USA

Zip
34695

Country
USA

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

7. Name and Address of Current Registered Agent

Name
Shannon Mitchell

Street Address (P.O. Box Number is Not Acceptable)
528 Humphries Rd.

Suite, Apt. #, Etc.

500003398645-1
-09/20/00--01002--082
*****1650.00 ***1650.00**

City
Safety Harbor

State
FL

Zip Code
34695

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 REGISTERED AGENT MUST SIGN

Date **9.11.00**

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
Pres.	Shannon D. Mitchell	528 Humphries Rd.	Safety Harbor, FL 34695

AS 9/14

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 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)(l), 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: **Shannon D. Mitchell** 9.11.00 727-712-0485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)