

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P94000084040**

1. Corporation Name

DOLPHIN GLASS SYSTEMS, INC.

FILED

01 DEC 31 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

528 HUMPHRIES RD
SAFETY HARBOR FL 34695

Mailing Address

528 HUMPHRIES RD
SAFETY HARBOR FL 34695

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/17/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3291179

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	MITCHELL, SHANNON D	528 HUMPHRIES RD	SAFETY HARBOR FL 34695
			3888004779363--0 01/17/02--01002--000 ****750.00 ****750.00
			REINSTATEMENT 01 200004779372--2 01/17/02--01002--009 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

MITCHELL, SHANNON
528 HUMPHRIES RD
SAFETY HARBOR FL 34695

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State FL
Zip Code	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Shannon D. Mitchell
REGISTERED AGENT MUST SIGN

Date 12.27.01

11. 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Shannon D. Mitchell 12/27/01 727.712.0485

CR2E040 (8/01)