

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
page 1 of 2

97 JAN 31 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000004421**

1. Corporation Name

DOLPHIN HUMAN THERAPY, INC.

*Annual Reports
96-97*

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

13053 S.W. 104 Court

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

13615 S. Dixie Highway

Suite, Apt. #, etc.

#523

City & State

Miami, FL

City & State

Miami, FL

Zip

33176

Country

U.S.A

Zip

33176

Country

U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

January 18, 1995

5. FEI Number

65-0549316

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/S/D	David E. Nathanson	13053 S.W. 104 Court	Miami, FL 33176
			900002077239--9 -02/04/97--01140--009 ****373.75 ****373.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

DAVID NATHANSON

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

13053 S.W. 104 Court

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33176

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

David E. Nathanson
REGISTERED AGENT MUST SIGN

Date

1/30/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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)(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:

David E. Nathanson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David E. Nathanson

Date

1/30/97

Daytime Phone #

(305) 378-8670

CR20040 (12/96)



Dolphin Human Therapy

13615 South Dixie Highway #523 Miami, Florida 33176-7252

Miami (305)378-8670 Tel & Fax

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January 30, 1997

Amy Alan
Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Dear Ms. Alan:

Please waive the Reinstatement Fee of \$585.00 for Dolphin Human Therapy.
The Annual Report for 1996 was never received.

Enclosed is a check for \$373.75 (\$200.00 for 1996 Annual Report Fee,
\$165.00 for 1997 Annual Report Fee, and \$8.75 for a Certificate of Status).

Thank you for your help.

Sincerely yours,

David E. Nathanson, Ph.D.
President

Enclosure