			IDA DEPART	MENT OF STATE	COMPLETING THIS FORM. APPROVED AND		U	
	FOR		Sandra B. Secretary			FILED		
REINSTATEMENT			DIVISION OF CO		1997 NOV -4 181 9: 17			
DOCUMENT # P95000022647								
1. Corpora	tion Name IIN COVE, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
			ldress		11411001	ik (Bibi Bib) Bèlis Bèlis Abili Bèlis sibib sibib sibib	(8 1) (8 4) (8 1)	
	RRITT ISLAND CAUSEWAY BLAND FL 32952		1891 E. MERRITT ISLAND CAUSEWAY MERRITT ISLAND FL 32852					
	odresses are incorrect in any way, line noipal Office Address, if Applicable		ot information and alling Office Addre		4 Date Incom	porated or Qualified	·	
Suite, Apt.	N, elc.	Sulte, Apt	Sulte, Ap1. #, etc.			porated or Qualified ness in Florida 03/21/1995		
City & State		City & State			5. FEI Numbe	59-3303173 	pplied For ot Applicable	
Zip	Country	Zip	C	ountry	6. CERTIFICAT	E OF STATUS DESIRED S8.75 Additional	at Fee required ate of Status	
7. Names a	and Street Addresses of Each Officer at Name of Officers	nd/or Director (I						
Title(s) 1	tle(s) and/or Directors 2		3 (Do N	Street Address of Eac Officer and/or Directo OT Use Post Office Box	r Numbers)	Umbers) 4 City / State / Zip		
P CHAILDIN, ANTHONY J		_		RRITT ISLAND GAUSI SAMAMA RIVER		MERRITT ISLAND FL 32952		
					51	5000023419554 -11/07/9701104001 ****165,00 ****165,00		
4							6 3.UU	
					50	00002341955 -11/07/97-01104 *******8.75 ******	11775 11775	
8. Name and Address of Current Registered Agent			gent		9. Name and	 Address of New Registered Agent		
AMERILAWYER 343 ALMERIA AVE.				Name A. J. CHAILD IN Street Address (P.O. Box Number is Not Acceptable)				
	GABLES FL 33134			Suite, Apt. #, Etc	<u>. KANAZ</u>	NA KINGC DIC		
(0. I, being	appointed the registered agent of the a	bove named co	rporation, am famil		T IS LA		152	
Signature of	Agent G.J.		r			Date 10-30-9	<u>'</u> כ'	

SIGNATURE: ANTHONY J. CHAILDIN 10-30-97 (407)454 9675

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.



October 30, 1997 .

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Dolphin Cove, Inc.

Gentlemen/Ladies:

Enclosed please find a check in the amount of \$165.00 from the above mentioned corporation.

Dolphin Cove, Inc.never received any first, second or other notification regarding annual report filing fees, deadlines or revocations until receipt of reinstatement form enclosed. The registered agent for this corporation did not receive anything regarding this matter either.

My accountant:

Kathy Randa 112 Wimico Drive Indian Harbor Beach, Florida 32937

has informed me that she has at least 10 clients in the same situation and has directed them to request rebate of the penalties and to pay the annual fee as enclosed.

The purpose af this letter is to ask for a rebate of the penalty. Please send any correspondence or information to the Registered Agent of the corporation:

A. J. Chaildin 1165 S. Banana River Drive Merritt Island, Florida 32952

Thank you in advance for your cooperation in this matter.

Very truly yours,

A. J. Chaildin

Enclosures, as noted above.