


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000038681		
1. Entity Name DOLPHIN VOYAGING, INC.		

Principal Place of Business 223 PERUVIAN AVE. PALM BEACH, FL 33480	Mailing Address 1340 US HIGHWAY 1 SUITE 102 JUPITER, FL 33469 US
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2. Principal Place of Business - No P.O. Box # 50 BEACH ROAD	3. Mailing Address 50 BEACH ROAD
Suite, Apt. #, etc. APT. 203	Suite, Apt. #, etc. APT. 203

City & State TEQUESTA, FL	City & State TEQUESTA, FL
Zip 33469	Country USA

03222007 REIN-P CR2E098 (1/07)

4. FEI Number 65-0614783	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BROBERG, PETER S 223 PERUVIAN AVE. PALM BEACH, FL 33480

7. Name and Address of New Registered Agent	
Name MATHEW J.A. WILSON	
Street Address (P.O. Box Number is Not Acceptable) 50 BEACH ROAD, APT 203	
City TEQUESTA	FL Zip Code 33469

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	MATHEW J.A. WILSON 3. 26. 07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WILSON, MATHEW J.A. 50 BEACH ROAD, APT. 203, JIB CLUB TEQUESTA, FL 33469 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILSON, JANET M 50 BEACH ROAD, APT 203 TEQUESTA, FL 33469 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, MATHEW E 50 BEACH ROAD, APT 203 TEQUESTA, FL 33469 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSKILL, VICTORIA M 50 BEACH ROAD, APT 203 TEQUESTA, FL 33469 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
REINSTATEMENT 06-07	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
500096445485 04/11/07--01020--016 ***300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
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SIGNATURE: 	MATHEW J.A. WILSON 3. 26. 07 561-743-6766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	

FILED

07 MAR 28 PM 1:44

CLERK OF STATE
TALLAHASSEE, FLORIDA

