

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 20 PM 3:31

DOCUMENT # P95000040082

1. Corporation Name

DOLPHIN QUEST, INC.

Principal Place of Business

Mailing Address

100 DELWOOD BEACH RD  
PANAMA CITY BEACH FL 32408  
US

154 RUSTY GANS DR  
PANAMA CITY BEACH FL 32408  
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business In Florida

05/12/1995

5. FEI Number

59-3318778

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 99

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
PVTD	BARNHART, ROBERT E JR.	154 RUSTY GANS DRIVE	PANAMA CITY BEACH FL 32408
SD	BARNHART, MARSHA S	154 RUSTY GANS DRIVE	PANAMA CITY BEACH FL 32408

600003026796-1  
-10/27/99--01082--011  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

BOYD, JAMES A JR.  
221 MCKENZIE AVENUE  
PANAMA CITY FL 32401

9. Name and Address of New Registered Agent

Name Robert E Barnhart  
Street Address (P.O. Box Number is Not Acceptable) 154 Rusty Gans Dr  
Suite, Apt. #, Etc.  
City Panama City Beach State FL Zip Code 32408

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 10/19/99

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* Robert E Barnhart 10/19/99  
Date Daytime Phone #

8502330263