

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR *aa-00*
REINSTATEMENT



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

DOCUMENT # P96000012828

1. Corporation Name

DOLPHIN DUNES SOUTH COMPANY

Principal Place of Business

4093 INDIAN TRAIL
DESTIN FL 32541

Mailing Address

4093 INDIAN TRAIL
DESTIN FL 32541

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/07/1996

5. FEI Number

59-3365737

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	COOPER, LEWIS J	1962 RAILROAD ST.	STATHAM GA 30666
D	BARNETTE, R. LARRY	44 OAK RIDGE	WINDER GA 30680
D	PAGE, BRUCE	101 WAVERLY LANE	WINDER GA 30680
D	COOPER, RONALD	4093 INDIAN TRAIL	DESTIN FL 32541
			100003197004-5 -04/05/00--01074--018 ***900.00 ***900.00

8. Name and Address of Current Registered Agent

COOPER, RONALD G
4093 INDIAN TRAIL
DESTIN FL 32541

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

Ronald G Cooper
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 3-22-00

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:

Ronald G Cooper
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-00 770-725-7400
Date Daytime Phone #