


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION
2000-2001
UBR

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P970000024047

1. Corporation Name
Dolphin King Charters, Inc.

2. Principal Office Address 2025 NE 198 Terrace Suite, Apt. #, etc.		3. Mailing Office Address 2025 NE 198 Terrace Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33179	Country USA	Zip 33179	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 3/11/97

5. FEI Number 65-0733023
Applied For ☐ Not Applicable ☒

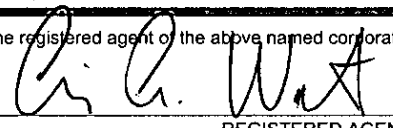
6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Craig A. Waltzer
Street Address (P.O. Box Number is Not Acceptable) 2025 NE 198 Terrace
Suite, Apt. #, Etc.
City Miami
State FL
Zip Code 33179

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****300.00 ****300.00

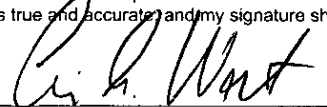
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent 
REGISTERED AGENT MUST SIGN
Date 1/16/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Craig A. Waltzer	2025 NE 198 Terrace	Miami, FL 33179
ST	Melissa F. Danits	2025 NE 198 Terrace	Miami, FL 33179

10. 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:  Craig A. Waltzer, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 1/16/01
Daytime Phone # 305-937-2000

CR2E081 (9/00)