

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

02 NOV 12 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000024047

1. Corporation Name

Dolphin King Charters, Inc.

2. Principal Office Address

1352 NE 163 Street

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

North Miami Beach, FL

City & State

Zip

33162

Country

USA

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida

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)

1352 NE 163 Street

Suite, Apt. #, Etc.

800008939688

11/12/02--01096--014 **150 00

City

North Miami Beach

State

FL

Zip Code

33162

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

Craig A. Waltzer

REGISTERED AGENT MUST SIGN

Date

11/5/2002

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	Waltzer, Craig A.	1352 NE 163 Street	North Miami Beach, FL 33162

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/2002

Date

305-937-2000

Daytime Phone #

CR2001 (9/01)

js 11/5/02

Dolphin King Charters, Inc.
1352 NE 163 Street
North Miami Beach, Florida 33162
305-937-2000

November 5, 2002

Department of State
Division of Corporations
Annual Report / Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

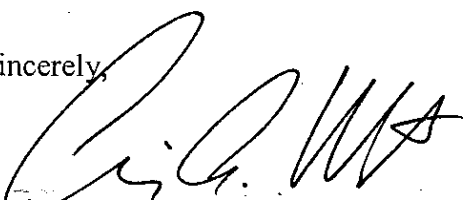
Dear Sirs:

In accordance with my conversation with your Department's representative, Dolphin King Charters did not receive an Annual Report form even though the Company moved and notified the Department of State of its new address. The Company learned of its current status only after our insurance agent did a name search with your department.

Enclosed please find a check in the amount of \$150.

Thank you in advance for your anticipated courtesy and cooperation regarding the foregoing.

Sincerely,



Craig A. Waltzer, President