

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000046523

1. Corporation Name

DOLPHIN EXCURSIONS & TOURS, INC.

FILED

01 NOV -5 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

25 CAUSEWAY BLVD.  
SLIP 24  
CLEARWATER FL 33767

25 CAUSEWAY BLVD.  
SLIP 24  
CLEARWATER FL 33767

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

4. Date Incorporated or Qualified  
To Do Business in Florida

05/21/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3514648

Applied For

Not Applicable

City & State

CLEARWATER, FL.

City & State

CLEARWATER, FL.

Zip

33759

Country

USA

Zip

33759

Country

USA

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	MARAGET, LINDA A	25 CAUSEWAY BLVD., SLIP 24	CLEARWATER FL 33767
P	MARAGET, GENE C	25 CAUSEWAY BLVD., SLIP 24	CLEARWATER FL 33767
			200004698082--5
			-11/29/01--01042--008
			****158.75 ****158.75
			CLUB 178

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARAGET, LINDA A  
25 CAUSEWAY BLVD.  
SLIP 24  
CLEARWATER FL 33767

LINDA A MARAGET  
3107 FEATHERWOOD CT  
CLEARWATER, FL 33759

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

Linda A Maraget  
REGISTERED AGENT MUST SIGN

Date 10/31/01

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)(l), 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:

Linda A Maraget  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/01 727-409-1001

Date

Daytime Phone #

CR2E040 (8/01)

OCT. 31, 2001 <sup>PKW</sup>

I called your office and explained we never received our Annual Report for 2001. They told me to send this letter and \$150.00 to your office. That there would not be any other fees. Since we did not get our Annual Report.

Thank you  
Lynn Magist.