

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB 13 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000078023

1. Corporation Name

DolphinWatch, Inc.

2. Principal Office Address

201 Williams St.

Suite, Apt. #, etc.

Slip # W08

City & State

Key West, FL

Zip

33040

Country

USA

3. Mailing Office Address

5 Sombra Court

Suite, Apt. #, etc.

City & State

Santa Fe, NM

Zip

87508

Country

USA

REINSTATEMENT

03-04

900028741899

02/13/04-01042--025 **\$900.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

09-09-98

5. FEI Number

30-0099040

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

Sylvie Tarnesby

Street Address (P.O. Box Number is Not Acceptable)

201 Williams St.

Suite, Apt. #, Etc.

Slip W08

City

Key West

State

FL

Zip Code

33040

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

Sylvie TARNESBY

REGISTERED AGENT MUST SIGN

Date 02/05/04

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	Sylvie Tarnesby	3 Juego Court	Santa Fe, NM 87508
VP	Mark Weston	3 Juego Court	Santa Fe, NM 87508
T	Kimberly Schwind	5 Sombra Court	Santa Fe, NM 87508

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sylvie Tarnesby

Sylvie TARNESBY

Date 02/05/04

Daytime Phone #

449-6973

CR2E081 (10/02)