

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 JUL 30 AM 8:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000028714

1. Corporation Name

DOLPHIN MARINE, INC

500006880645--9

-08/05/02--01002--015

\*\*\*\*900.00 \*\*\*\*900.00

**REINSTATEMENT** 01-02

2. Principal Office Address

410 MARION DR

Suite, Apt. #, etc.

3. Mailing Office Address

410 MARION DR

Suite, Apt. #, etc.

City & State

NICEVILLE, FL

Zip

32578

Country

USA

City & State

NICEVILLE FL

Zip

32578

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3574211

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

KIM L. BAILEY

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

410 MARION DR

Suite, Apt. #, Etc.

City

NICEVILLE

State

FL

Zip Code

32578

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

Kim L. Bailey  
REGISTERED AGENT MUST SIGN

Date

7-26-02

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
<u>PO</u>	<u>KIM L. BAILEY</u>	<u>410 MARION DR</u>	<u>NICEVILLE, FL 32578</u>
<u>SO</u>	<u>ASTA C. BAILEY</u>	<u>410 MARION DR.</u>	<u>NICEVILLE, FL 32578</u>

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:

Kim L. Bailey  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-26-02

Date

(850) 621-5354

Daytime Phone #

CR2001 (9/01)

7/31/02