

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 DEC -3 AM 9: 57

DOCUMENT # P99000044570

1. Corporation Name

GREEN DOLPHIN HOMES, INC.

Principal Place of Business

Mailing Address

~~7211 BEACON WOODS DR.~~  
BAYONET POINT FL 34667

~~7211 BEACON WOODS DR.~~  
BAYONET POINT FL 34667



REINSTATEMENT B 01

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
8512 WAGON WHEEL LN.

3. New Mailing Office Address, If Applicable  
8512 WAGON WHEEL LN.

4. Date Incorporated or Qualified  
To Do Business in Florida

05/13/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3579761

Applied For

Not Applicable

City & State  
BAYONET POINT, FL 34667

City & State  
BAYONET POINT, FL 34667

Zip

Country

Zip

Country

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
DP	KENNEDY, EILEEN A	<del>7211 BEACON WOODS DR.</del> 8512 WAGON WHEEL LN.	BAYONET POINT FL 34667

500004728645--0  
-12/17/01--01058--010  
\*\*\*\*758.75 \*\*\*\*758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~KENNEDY, JOHN B.~~  
~~7211 BEACON WOODS DR.~~  
BAYONET POINT FL 34667

Name

EILEEN KENNEDY

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

8512 WAGON WHEEL LN.

Suite, Apt. #, Etc.

City

BAYONET POINT

State

FL

Zip Code

34667

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

*Eileen Kennedy*  
REGISTERED AGENT MUST SIGN

Date

Nov 29/01

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)(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:

*Eileen Kennedy*  
EILEEN KENNEDY

SIGNATURE AND TYPE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOV. 29, 2001 (727) 863-

0686

CR2E040 (8/01)