

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

03 SEP 29 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

DOLPHIN COLLISION & AUTO REPAIR INC.
DOC NUMBER: P99000078364

2. Principal Office Address

230 S DIXIE HWY

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 936346

Suite, Apt. #, etc.

City & State

POMPAÑO BEACH, FL

City & State

MARGATE, FL

Zip

33060

Country

USA

Zip

33093

Country

USA

REINSTATEMENT 00-03

4. Date Incorporated or Qualified
To Do Business in Florida

09/01/1999

5. FEI Number

65-0946806

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

ALVIN NELSON

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

261 NE 39TH COURT

Suite, Apt. #, Etc.

City

POMPAÑO BEACH

State

FL

Zip Code

33064

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

Alvin Nelson

Date 9/25/3

REGISTERED AGENT MUST SIGN

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
PVP/S	ALVIN NELSON	261 NE 39TH COURT	POMPAÑO BEACH, FL 33064

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)(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:

Alvin Nelson

ALVIN NELSON

9/25/3

954-655-1019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)