TOTAL P.02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P99000101438

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****750.00 ****750.00

REINSTATEMENT

1. Corporation Name

Deepwater Dolphin Enterprises, Inc.

2. Principal Office Address	3. Mailing Office Address
4899 Front Street	4899 Front Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Ponce Inlet, FL	Ponce Inlet, FL
Zip: 32127 Country: USA	Zip: 32127 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/24/99

5. FEI Number: 59-3609465 ☐ 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: KTG&S Registered Agent Corporation

Street Address (P.O. Box Number is Not Acceptable): 100 S.E. 2 Street

Suite, Apt. #, Etc.: Suite 2800

City: Miami

State: FL Zip Code: 33131-2144

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: KTG&S Registered Agent Corporation
By: Stanley Kuperstein, Vice President
REGISTERED AGENT MUST SIGN

Date: 11-3-00

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	Louis Cirotti	4899 Front Street	Ponce Inlet, FL 32127
S.T.	Dominick Cirotti	4899 Front Street	Ponce Inlet FLA. 32127

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] Dominick Cirotti Secretary 11-3-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Louis Cirotti, President — Date — (407) 423-4012 Daytime Phone #

P.02

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