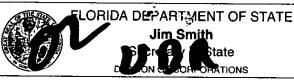
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR** REINSTATEMENT



DOCUMENT #

1. Corporation Name

## PELICAN INLET CONDOMINIUM OWNERS ASSOCIATION, IN

Principal Place of Business

Mailing Address

7175 A1A SOUTH

7175 A1A SOUTH

F-141

F-141

ST AUGUSTINE FL 32086 US

ST AUGUSTINE FL 32086

US

FILED

02 OCT 28 AM II: 52

SECRETARY OF STATE TALLAHASSEE, FLORIDA

P	LABELLO, DARYL 7175 AIA 9			ST AUGUSTINE FL 32080			
Title(s) 1	Name of Office and/or Director		Street Address of Officer and/or Dire		City / Sta	ate / Zip	
7. Names	and Street Addresses of Each Office	r and/or Director (Flori	ida nonprofit corporations must list a	at least 3 directors)		<u> </u>	
Zip Country		Zip	Zip Country		6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
City & State		City & State	City & State		. 33-1732330		
City & Stati		0.4.5.0			5. FEI Number 59-1752998 Applied For		
Suite, Apt. #, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.		02/01/1911		
New Principal Office Address, If Applicable		3. New Mailin	New Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 02/01/1977		
			formation and enter correction below	w.			

1	2 and/or Directors	3 Officer and/or Director	City / State / Zip
Р	LABELLO, DARYL	7175 Alas 291 Weff Poad	ST AUGUSTINE FL 32080
VP	HALE, MARLENE	7175 AIA South #CILL	ST AUGUSTINE FL 32080
D	FRUSCIO, LISA D Eadens, Sue	7-175 ALAS 4733 ChiGwick Ct. #101	ST AUGUSTINE FL 32080 LOUISVILLE KV 40207
<del></del>	BRONKAR, CHARLES Little, Joyce	7175 AM S. STEC 7175 AM South #E230	St. AUGUSTINE FL 32006- St. Augustine FL 32000
D	ACKLUND, MARGARÉT Senman, Ulla	7175 ALA South #E134	ST AUGUSTINE FL 32080
s	JACOB, TOM	-7175-AIA-9	ST AUGUSTINE FL 32080

Ackland, Margaret 8. Name and Address of Current Registered Agent

Name

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

Suite, Apt. #, Etc.

<del>400008</del>637344 \*\*61.25

Name and Address of New Registered Agent

City

10/28/02--01125--008

State Zip Code

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. or 617.0505, F.S.

Signature of Registered Age

LABELLO, DARYL

ST AUGUSTINE FL 32080

291 Weff Road

-7175 A1A-6

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 filling 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.

TED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #



Division of Corporations Annual Report/Reinstatement Section P.O. Box 6327 Tallahassee, FL 32314-6327 October 24, 2002

To Whom It May Concern:

Please be advised that we did NOT receive either of the Uniform Business Report notices that were reportedly sent out. Therefore, we respectfully request a waiver of the reinstatement fee.

Sincerely,

Daryl Labello, president

on behalf of the Board of Directors