

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 737973

1. Corporation Name

PELICAN INLET CONDOMINIUM OWNERS ASSOCIATION, IN
C.

Principal Place of Business

Mailing Address

7175 A1A SOUTH
F-141
ST AUGUSTINE FL 32086
US

7175 A1A SOUTH
F-141
ST AUGUSTINE FL 32086
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/01/1977

5. FEI Number

59-1752998

Applied For

Not Applicable

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
P	LABELLO, DARYL	7175 A1A S 291 Weff Road	ST AUGUSTINE FL 32080
VP	HALE, MARLENE	7175 A1A S 7175 A1A South, #C116	ST AUGUSTINE FL 32080
D	FRUSCIO, LISA D Eadens, Sue	7175 A1A S 4733 Chiswick Ct. #101	ST AUGUSTINE FL 32080 Louisville, Ky 40207
D T	BRONKAR, CHARLES Little, Joyce	7175 A1A S STE C 7175 A1A South, #E230	ST AUGUSTINE FL 32080 St. Augustine, FL 32080
D	ACKLUND, MARGARET Senman, Ulla	7175 A1A S 7175 A1A South, #E134	ST AUGUSTINE FL 32080
S	JACOB, TOM Ackland, Margaret	7175 A1A S 7175 A1A South, #C221	ST AUGUSTINE FL 32080

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LABELLO, DARYL

~~7175 A1A S~~

ST AUGUSTINE FL 32080

291 Weff Road

Name

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

Suite, Apt. #, Etc.

City

State
FL

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 Agent

Daryl Labello
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/25/02

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:

Daryl Labello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/02)



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