

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY 21 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 764504

1. Corporation Name
*Pelican Cove Condominium
Home owners Association, Inc*

000037433170
05/28/04--01053--003 **1225.00

REINSTATEMENT 88-04

2. Principal Office Address *200 North First Street* 3. Mailing Office Address *200 N First Street*

Suite, Apt. #, etc.

City & State *Cocoa Beach, Florida* *Cocoa Beach, Florida*

Zip *32931* Country *USA* Zip *32931* Country *USA*

4. Date Incorporated or Qualified To Do Business in Florida *8-9-82*
5. FEI Number *-59-2427874* Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$875 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name *Marilyn A. Rigerman*
Street Address (P.O. Box Number is Not Acceptable) *200 North First Street*
Suite, Apt. #, Etc.
City *Cocoa Beach* State **FL** Zip Code *32931*

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 *Marilyn A. Rigerman* Date *5-12-04*
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 |
|--------|-----------------------------------|--|-----------------------------|
| D.P. | <i>Roger Cloud</i> | <i>1501 Minuteman Cswy 202</i> | <i>Cocoa Beach FL 32931</i> |
| D.S. | <i>Forest Nutting</i> | <i>216 Ashford Parkway</i> | <i>Atlanta GA 30338</i> |
| D.V.P. | <i>Alice Prostko</i> | <i>1501 Minuteman Cswy 103</i> | <i>Cocoa Beach FL 32931</i> |
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JR 5/26

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: *Roger M. Cloud* *Roger M Cloud* Date *5-13-04* Daytime Phone # *321 784-1387*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)