

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 APR 11 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000050126

1. Corporation Name

PERALTA PELICAN ISLE, INC.

Principal Place of Business

Mailing Address

9882 LAJOLLA FARMS RD
LA JOLLA CA 92037
US

~~60 YORK STREET~~
215 N WOODS DR
SOUTH ORANGE NJ 07079
US

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



REINSTATEMENT *PA-00*

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/16/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

13-3729542

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	DE PERALTA, ARMANDO	9882 LA JOLLA FARMS ROAD	LA JOLLA CA
T	KATZ, SEYMOUR	215 NO. WOODS	SO ORANGE NJ 07079
SD	THEODORE J VITTORIA JR	630 FIFTH AVENUE	NEW YORK NY
			700003220917--6 -04/24/00--01119--023 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

DEAN, JEFFREY M
201 N. FRANKLIN ST.
SUITE 2100
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name *F E L Corp.*
Street Address (P.O. Box Number is Not Applicable)
200 Laura Street North
Suite, Apt. #, Etc.
Third Floor
City
Jacksonville State **FL** Zip Code **32202**

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.

Signature of Registered Agent

DIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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: *Armando De Peralta*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARMANDO DE PERALTA

3/6/00
Date

858-457-4680
Daytime Phone #

KE

CR2E040 (8/99)